

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760688

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** PLANT CITY FIREMAN'S BENEFIT ASSOCIATION

**Current Principal Place of Business:**

604 E ALEXANDER ST  
PLANT CITY, FL 33563 US

**New Principal Place of Business:**

**Current Mailing Address:**

604 E ALEXANDER ST  
PLANT CITY, FL 33563 US

**New Mailing Address:**

**FEI Number:** 59-2054734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALL, RONNIE D  
604 E ALEXANDER ST  
PLANT CITY, FL 33563 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HALL, RON  
Address: 4455 CINDY RD  
City-St-Zip: LAKELAND, FL 33810

Title: V (X) Delete  
Name: DESSE, TEDDY  
Address: 3343 NICOLS RD  
City-St-Zip: LITHIA, FL 33547

Title: ST ( ) Delete  
Name: NIEVES, KENNETH  
Address: 3265 PARK WALK CT  
City-St-Zip: PLANT CITY, FL 33563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: BURNETT, DAVID  
Address: 2721 STONEWOOD DRIVE  
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BURNETT

ST

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date