

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001918

FILED
Mar 15, 2007
Secretary of State

Entity Name: PLANT CITY COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

P.O. BOX 3333
PLANT CITY, FL 33564

New Principal Place of Business:

713 E ALSOBROOK
PLANT CITY, FL 33563

Current Mailing Address:

P.O. BOX 3333
PLANT CITY, FL 33564

New Mailing Address:

713 E ALSOBROOK
PLANT CITY, FL 33563

FEI Number: 77-0594439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAREFIELD, ERNEST
7445 QUAIL MEADOW ROAD
PLANT CITY, FL 33565 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: BAREFIELD, ERNEST
Address: 7445 QUAIL MEADOW ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: BM () Delete
Name: HARRIS, KATHY
Address: 18310 AMERY DR
City-St-Zip: TAMPA, FL 33647

Title: BM () Delete
Name: JOHNSON, BUDDY
Address: 2809 CHITTY ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: BM () Delete
Name: HAYNES, FELIX DR
Address: 1206 N. PARK ROAD
City-St-Zip: PLANT CITY, FL 33563

Title: BM (X) Delete
Name: ANTHONY, GLORIA
Address: 615 CHANNKES DR.
City-St-Zip: TAMPA, FL 33601

Title: BM () Delete
Name: JACKSON, JOSEPH
Address: 2202 N. WESTSHORE BLVD #500
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: BM (X) Change () Addition
Name: MARTIN-JOHNSON, DIANE
Address: 5112 FIVE ACRE ROAD
City-St-Zip: TAMPA, FL 33565

Title: BM (X) Change () Addition
Name: MIZER, RONALD
Address: 2709 N 25TH STREET
City-St-Zip: TAMPA, FL 33605

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ERNEST BAREFIELD

PD

03/15/2007

Electronic Signature of Signing Officer or Director

Date