

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001918

FILED
Apr 08, 2009
Secretary of State

Entity Name: PLANT CITY COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

713 E ALSOBROOK ST.
PLANT CITY, FL 33563 US

New Principal Place of Business:

Current Mailing Address:

713 E ALSOBROOK ST
PLANT CITY, FL 33563 US

New Mailing Address:

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 US

Title: BM () Delete
Name: MCKAY, CARL REV.
Address: 809 LAURA ST.
City-St-Zip: TAMPA, FL 33563 US

Title: BM () Delete
Name: CALDWELL, JOSEPH REV.
Address: 603 ELNOR ST.
City-St-Zip: PLANT CITY, FL 33563 US

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

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

Title: BM () Delete
Name: LAMB, BRIAN
Address: 201 E. KENNEDY BLVD., SUITE 2000
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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

04/08/2009

Electronic Signature of Signing Officer or Director

Date