
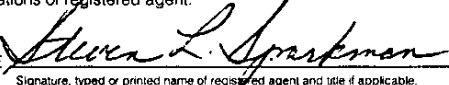
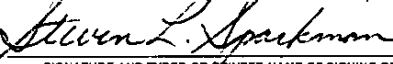


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90078 011 \*\*\*\*61.25

<b>DOCUMENT # N03000008886</b> 1. Entity Name PLANT CITY BAR ASSOCIATION, INC.					
Principal Place of Business 212 N COLLINS ST, STE 1 PLANT CITY, FL 33563			Mailing Address P O BOX 2058 PLANT CITY, FL 33564		
2. Principal Place of Business - No P.O. Box # <b>102 W. Reynolds St.</b>		3. Mailing Address Suite, Apt. #, etc. Suite 201			
City & State <b>Plant City, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>20-0377876</b>	
Zip <b>33563</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SPARKMAN, STEVEN L 212 N COLLINS ST, STE 1 PLANT CITY, FL 33563			7. Name and Address of New Registered Agent Name <b>Sparkman, Steven L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>102 W. Reynolds Street</b> Suite 201 City <b>Plant City</b> <b>FL</b> Zip Code <b>33563</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Steven L. Sparkman		April 6, 2007	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROSTKO, VERONICA S 2710 LAUREL OAK DRIVE PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Moody, James S. III 3321 Henderson Blvd. Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOODY, JAMES S III 3321 HENDERSON BLVD TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Tancredo, Christopher A. 1306 Thonotosassa Rd. Plant City, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPARKMAN, STEVEN L 212 N COLLINS ST, STE 1 PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sparkman, Steven L. 102 W. Reynolds St., Ste 201 Plant City, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OPP, CLIFFORD R JR 1001 EAST BAKER ST SUITE 201 PLANT CITY, FL 33563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		Steven L. Sparkman		April 6, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	