

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90481 024 \*\*\*\*61.25

**DOCUMENT # N03000010374**

1. Entity Name  
PLANT CITY BLACK HERITAGE CELEBRATION, INC.



Principal Place of Business  
1902 BOND ST.  
PLANT CITY, FL 33563

Mailing Address  
1902 BOND ST.  
PLANT CITY, FL 33563

**50017827**



04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
76-0745478

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WILSON, STEVEN  
915 E WARREN STREET  
PLANT CITY, FL 33563

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MOODY, SHARON  
STREET ADDRESS 1902 BOND STREET  
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE VD  
NAME MILLER, SAMUEL  
STREET ADDRESS 704 S GIBBS STREET  
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE SD  
NAME WILSON, STEVE  
STREET ADDRESS 915 E WARREN STREET  
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE TD  
NAME SMITH, DOROTHY  
STREET ADDRESS 1004 E JENKINS STREET  
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE D  
NAME WASHINGTON, JAMES  
STREET ADDRESS 205 ALLEN STREET  
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Sharon Moody*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

427-06 (803) 452-7134