

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

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



04252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0745478

Applied For
Not Applicable

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

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, 2008**

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

000000937725
05/27/08-80057-015 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-08