

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010374

FILED
Jan 22, 2009
Secretary of State

Entity Name: PLANT CITY BLACK HERITAGE CELEBRATION, INC.

Current Principal Place of Business:

1902 BOND ST.
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

1902 BOND ST.
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 76-0745478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, STEVEN
915 E WARREN STREET
PLANT CITY, FL 33563 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: MOODY, SHARON
Address: 1902 BOND STREET
City-St-Zip: PLANT CITY, FL 33563

Title: VD () Delete
Name: MILLER, SAMUEL
Address: 704 S GIBBS STREET
City-St-Zip: PLANT CITY, FL 33563

Title: SD () Delete
Name: WILSON, STEVE
Address: 915 E WARREN STREET
City-St-Zip: PLANT CITY, FL 33563

Title: TD () Delete
Name: SMITH, DOROTHY
Address: 1004 E JENKINS STREET
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: WASHINGTON, JAMES
Address: 205 ALLEN STREET
City-St-Zip: PLANT CITY, FL 33563

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
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: SHARON MOODY

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date