

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90013 046 \*\*\*\*61.25

<b>DOCUMENT # N04000009882</b> 1. Entity Name <b>PLANT CITY DAYBREAK ROTARY, INC</b>					
Principal Place of Business <b>P.O. BOX 3875 PLANT CITY, FL 33564</b>			Mailing Address <b>P.O. BOX 3875 PLANT CITY, FL 33564 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-2121519</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01312008    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>MCMINN, MICHAEL 2811 CLUBHOUSE DR. PLANT CITY, FL 33566</b>				7. Name and Address of New Registered Agent Name <b>Jose T. Sanchez III</b> Street Address (P.O. Box Number is Not Acceptable) <b>2905 James Melvin Dr</b> City <b>Plant City</b> <b>FL</b> Zip Code <b>33565</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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> <b>President</b>  <b>Jose T. Sanchez III</b> </div> <div style="width: 30%; text-align: right;"> <b>2/1/08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCMINN, MICHAEL</b> <b>2811 CLUBHOUSE DR.</b> <b>PLANT CITY, FL 33566</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Jose T. Sanchez III</b> <b>2905 James Melvin Dr</b> <b>Plant City FL 33565</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BUNNING, GEORGE W</b> <b>2506 CLUBHOUSE DR.</b> <b>PLANT CITY, FL 33566</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>Marlene Sanchez</b> <b>2905 James Melvin Dr</b> <b>Plant City FL 33565</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>MCMINN, MICHAEL</b> <b>2811 CLUBHOUSE DR</b> <b>PLANT CITY, FL 33566</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PETRAITUS, BILL</b> <b>2807 FOREST CLUB DR</b> <b>PLANT CITY, FL 33566</b> <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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>Karen Kerr</b> <b>3103 Thackery Ct</b> <b>Plant City FL 33566</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.					
<b>SIGNATURE:  Marlene Sanchez</b> <b>2/1/08</b> <b>813-763-3624</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					