

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90329 022 ****61.25

DOCUMENT # N04822

1. Entity Name
GREATER PLANT CITY CHAMBER OF COMMERCE, INC.



Principal Place of Business
**106 N EVERS ST
P. O. DRAWER CC
PLANT CITY, FL 33563 US**

Mailing Address
**P O DRAWER CC
PLANT CITY, FL 33564-9021 US**

50010355



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-0550230

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, MARION M
106 N EVERS ST
PLANT CITY, FL 33563**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	WILKES, DANNY	
STREET ADDRESS	405 W DR MLK JR BLVD	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	ULBRICHT, WILLIAM	
STREET ADDRESS	301 N. ALEXANDER ST.	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	RODWELL, BRUCE	
STREET ADDRESS	3001 BARRET AVENUE	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HACKNEY, PAUL	
STREET ADDRESS	102 WEST BAKER STREET	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	CED	<input type="checkbox"/> Delete
NAME	LOTT, RICK	
STREET ADDRESS	2900 JAMES REDMAN PARKWAY	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CLOSSHEY, JENNIFER	
STREET ADDRESS	2111 NORTH GOLFVIEW DRIVE	
CITY-ST-ZIP	PLANT CITY, FL 33566	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

Marion M Smith President

4/26/06 8137543119