2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N05000012564

Entity Name: GREATER PLANT CITY CHAMBER OF COMMERCE FOUNDATION, INC.

Current Principal Place of Business:

106 N EVERS STREET
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

106 N EVERS STREET
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 42-1694211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MARION
106 N EVERS 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:	S	( ) Delete
Name:	SMITH, MARION M	
Address:	106 N EVERS STREET	
City-St-Zip:	PLANT CITY, FL 33563	
Title:	C	( ) Delete
Name:	COTON, DANNY	
Address:	P.O. BOX TT	
City-St-Zip:	PLANT CITY, FL 33564	
Title:	D	( ) Delete
Name:	GIBBS, DOUG	
Address:	106 N EVERS STREET	
City-St-Zip:	PLANT CITY, FL 33563	
Title:	D	( ) Delete
Name:	RAULERSON, DAN	
Address:	P.O. BOX 789	
City-St-Zip:	PLANT CITY, FL 33564	
Title:	D	( ) Delete
Name:	WILKES, DANNY	
Address:	2903 OAK CREST DR	
City-St-Zip:	PLANT CITY, FL 33565	
Title:	D	( ) Delete
Name:	LOTT, RICK	
Address:	3200 POLO PLACE	
City-St-Zip:	PLANT CITY, FL 33566	

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:	
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: MARION SMITH S 02/19/2009
Electronic Signature of Signing Officer or Director — Date