

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001621

FILED
Apr 21, 2009
Secretary of State

Entity Name: PLANT CITY ARMED FORCES MEMORIALS FOUNDATION, INC.

Current Principal Place of Business:

2111 NORTH GOLFVIEW DRIVE
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

2111 NORTH GOLFVIEW DRIVE
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 20-4924255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTON, DANIEL M ESQ.
121 NORTH COLLINS 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: SMITH, BRYAN M
Address: 303 WIGGINS RD. N
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: CLOSSHEY, JENNIFER
Address: 2111 N. GOLFVIEW DR.
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: VERNER, EDWARD M
Address: 3435 MAYDAY DRIVE
City-St-Zip: PLANT CITY, FL 33565

Title: ST () Delete
Name: SEDITA, JOSEPH E
Address: 104 N. EVERS STREET STE 202
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: JENNIFER CLOSSHEY

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date