

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07816

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** PLANT CITY CHILDREN'S THEATRE GUILD, INC.

**Current Principal Place of Business:**

507 N. WHEELER STREET  
PLANT CITY, FL 33566 US

**New Principal Place of Business:**

2403 KAREN DR  
PLANT CITY, FL 33563 US

**Current Mailing Address:**

2403 KAREN DR  
PLANT CITY, FL 33566 US

**New Mailing Address:**

2403 KAREN DR  
PLANT CITY, FL 33563 US

**FEI Number:** 59-3264592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVERIDGE, SHARON  
2403 KAREN DR  
PLANT CITY, FL 33566 US

**Name and Address of New Registered Agent:**

EVERIDGE, SHARON  
2403 KAREN DR  
PLANT CITY, FL 33563 US

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:

04/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: EVERIDGE, SHARON  
Address: 2403 KAREN DR  
City-St-Zip: PLANT CITY, FL 33563

Title: P  
Name: COX, KAREN  
Address: 2403 KAREN DR  
City-St-Zip: PLANT CITY, FL 33563

Title: VP  
Name: ALOYO, MARIE  
Address: 2403 KAREN DR  
City-St-Zip: PLANT CITY, FL 33563

Title: D  
Name: EVERIDGE, JACKIE  
Address: 2403 KAREN DR  
City-St-Zip: PLANT CITY, FL 33563

I hereby 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 all other like empowered.

SIGNATURE: KAREN COX

PD

04/01/2010

Electronic Signature of Signing Officer or Director

Date