

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Lorraine B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **N24004 (6)**
1. Corporation Name:
IMPROVEMENT LEAGUE OF PLANT CITY, INCORPORATED

95 MAY - 1 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: P.O. BOX 3962, PLANT CITY FL 33564-3962
Mailing Address: P.O. BOX 3962, PLANT CITY FL 33564-3962

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country
2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 12/21/1987
3a. Date of Last Report: 08/26/1994
4. FEI Number: 59-2878029
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**TAYLOR, THEODORE N.
111 E. REYNOLDS STREET
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (if P.O. Box Number is Not Applicable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent, Registered Agent and Director) _____ (Registered Agent Signature required when necessary) _____ (Date)

12. OFFICERS AND DIRECTORS	
TITLE	PD DUPONT, JULIUS
NAME	1203 W BATES ST PLANT CITY FL
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	VD KEYS, LAWRENCE JR.
NAME	1101 S. GIBBS ST. PLANT CITY FL
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	SD NETTLES, DOROTHY
NAME	2318 VILLAGE GREEN BLVD PLANT CITY FL
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	TD BROOKS, EDDIE
NAME	1702 EAST ALABAMA ST. PLANT CITY FL 33566
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	D LAMPKINS, EDWIN
NAME	103 W. MAHONEY PLANT CITY FL
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	William M. Thomas Sr.
13 STREET ADDRESS	5602 Joe King Rd.
14 CITY, ST, ZIP	Plant City, FL 33567
21 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Julius Dupont
23 STREET ADDRESS	1203 W. Bates St.
24 CITY, ST, ZIP	Plant City, FL 33566
31 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Patrica Baptiste
33 STREET ADDRESS	1798 Mahaffey Cir.
34 CITY, ST, ZIP	Lakeland, FL 33811
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Dorothy Nettles
53 STREET ADDRESS	2318 Village Green Blvd.
54 CITY, ST, ZIP	Plant City, FL 33566
61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Henry M. Davis
63 STREET ADDRESS	2107 E. Beal Rd.
64 CITY, ST, ZIP	Plant City, FL 33567

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an additional report with my address.

SIGNATURE: *William M. Thomas* William M. Thomas 4/27/95 (813) 247-8308
Date Day/Year