

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 15 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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



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

3. Date Incorporated or Qualified **12/21/1987** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2878029** Applied For Not Applicable
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
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 (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, WILLIAM M	1.2 NAME	
STREET ADDRESS	5602 JOE KING RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPONT, JULIUS	2.2 NAME	
STREET ADDRESS	1203 W. BATES ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAPTISTE, PATRICA	3.2 NAME	
STREET ADDRESS	1798 MAHAFFEY CIR	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, EDDIE	4.2 NAME	
STREET ADDRESS	1702 EAST ALABAMA ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL 33566	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETTLES, DOROTHY	5.2 NAME	
STREET ADDRESS	2318 VILLAGE GREEN BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, HENRY M	6.2 NAME	
STREET ADDRESS	2107 E. BEAL RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William M. Thomas 9/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046069

CR2E037 (9/96)