## **2006 NOT-FOR-PROFIT CORPORATION**

## Feb 21, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # N24004** 02-21-2006 90019 024 \*\*\*\*61.25 1. Entity Name IMPROVEMENT LEAGUE OF PLANT CITY. INCORPORATED Principal Place of Business Mailing Address P.O. BOX 3962 **1111 S GIBBS** PLANT CITY, FL 33566 PLANT CITY, FL 33564-3962 3. Mailing Address Suite, Apt. #, etc. 02092006 Chq-NP CR2E037 (11/05) City & State 4. FEI Number Applied For 59-2878029 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, THEODORE N. 111 E. REYNOLDS STREET Street Address (P.O. Box Number is Not Acceptable) PLANT CITY, FL 33566 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition JOHNSON, HENRY NAME NAME STREET ADDRESS 913 E M.L.K. BLVD STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33563 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME SYKES, LEISTA NAME STREET ADDRESS 1109 W BALL STREET STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33567 CITY-ST-ZIP Thomas, William M. St TITLE ☐ Delete TITLE 5602 Joe King Plant City, PL THOMAS, WILLLIAM M SR NAME NAME STREET ADDRESS STREET ADDRESS 560 JOE KING RD CITY-ST-ZIP PLANT CITY, FL 33566 CITY-ST-7IP TITLE TITLE ☐ Addition □ Delete NAME DAVIS, HENRY NAME 2103 EAST BEAL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33567 CITY-ST-ZIP VP TITLE Delete TITLE ☐ Change ☐ Addition NAME PARKER, CLARA NAME STREET ADDRESS 2106 BRACEWELL DRIVE STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33563 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attact true in with an address, with all other like empowered. ecretery

Thomas 15 Feb 06 813-137-2004

FILED