

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90070 035 \*\*\*\*61.25

**DOCUMENT # N24004**

1. Entity Name  
**IMPROVEMENT LEAGUE OF PLANT CITY,  
INCORPORATED**



Principal Place of Business  
**5104 HORTON RD  
PLANT CITY, FL 33567 US**

Mailing Address  
**P.O. BOX 3962  
PLANT CITY, FL 33564-3962**

4004222



01072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2878029**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TAYLOR, THEODORE N.  
111 E. REYNOLDS STREET  
PLANT CITY, FL 33566**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
JOHNSON, HENRY  
913 E M.L.K. BLVD  
PLANT CITY, FL 33563**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SYKES, LEISTA  
1909 POPLAR CT  
PLANT CITY, FL 33567**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THOMAS, WILLIAM A SR  
5602 JOE KING RD  
PLANT CITY, FL 33567**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DAVIS, HENRY  
2103 EAST BEAL ROAD  
PLANT CITY, FL 33567**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
PARKER, CLARA  
2106 BRACEWELL DRIVE  
PLANT CITY, FL 33563**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

**SIGNATURE:**

*Henry L. Johnson* **Henry L. Johnson** 6 Mar 08 813  
719-7943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #