


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 Mailing Address

**5104 HORTON RD
 PLANT CITY, FL 33567 US** **P.O. BOX 3962
 PLANT CITY, FL 33564-3962**

DO NOT WRITE IN THIS SPACE

4004222



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For

59-2878029 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**

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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 _____ (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	P
NAME	JOHNSON, HENRY
STREET ADDRESS	913 E M.L.K. BLVD
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	VP
NAME	SYKES, LEISTA
STREET ADDRESS	1909 POPLAR CT
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	THOMAS, WILLIAM A SR
STREET ADDRESS	5602 JOE KING RD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	DAVIS, HENRY
STREET ADDRESS	2103 EAST BEAL ROAD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	VP
NAME	PARKER, CLARA
STREET ADDRESS	2106 BRACEWELL DRIVE
CITY-ST-ZIP	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* **6 Mar 08** *813* **719-7943**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #