

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24004

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: IMPROVEMENT LEAGUE OF PLANT CITY, INCORPORATED

**Current Principal Place of Business:**

5104 HORTON RD  
PLANT CITY, FL 33567 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3962  
PLANT CITY, FL 335643962

**New Mailing Address:**

FEI Number: 59-2878029      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JOHNSON, HENRY  
Address: 913 E M.L.K. BLVD  
City-St-Zip: PLANT CITY, FL 33563

Title: VP ( ) Delete  
Name: SYKES, LEISTA  
Address: 1909 POPLAR CT  
City-St-Zip: PLANT CITY, FL 33567

Title: D ( ) Delete  
Name: THOMAS, WILLIAM A SR  
Address: 5602 JOE KING RD  
City-St-Zip: PLANT CITY, FL 33567

Title: D ( ) Delete  
Name: DAVIS, HENRY  
Address: 2103 EAST BEAL ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: VP ( ) Delete  
Name: PARKER, CLARA  
Address: 2106 BRACEWELL DRIVE  
City-St-Zip: PLANT CITY, FL 33563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY JOHNSON

P

02/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date