

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000000293

1. Entity Name
PLANT CITY HIGH SCHOOL FOUNDATION, INC.



Principal Place of Business
**506 N. ALEXANDER ST.
PLANT CITY, FL 33563 US**

Mailing Address
**P.O. BOX 848
PLANT CITY, FL 33564-0848 US**

DO NOT WRITE IN THIS SPACE



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3193382

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GALLOWAY, DAVID H
506 N. ALEXANDER ST.
PLANT CITY, FL 33563**

**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 \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GALLOWAY, DAVID H
STREET ADDRESS 506 N. ALEXANDER ST.
CITY - ST - ZIP PLANT CITY, FL 33563

TITLE D
NAME GALLOWAY, LISA
STREET ADDRESS 1209 E. TIMBERLANE DR.
CITY - ST - ZIP PLANT CITY, FL 33563

TITLE D
NAME WEST, MAMIE
STREET ADDRESS 506 N. ALEXANDER ST.
CITY - ST - ZIP PLANT CITY, FL 33563

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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04/18/05-80065-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David H. Galloway *David H Galloway* *4/15/05*

813 754 3438