


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 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	



04222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3193382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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)

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11000000918056
05/13/08-80068-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLOWAY, DAVID H 506 N. ALEXANDER ST. PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, SHERRIE 2204 PRESERVATION DR PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, MAMIE 506 N. ALEXANDER ST. PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 persons empowered.

SIGNATURE: *David H. Galloway* *David H. Galloway* 4/22/08 813.754.3458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #