
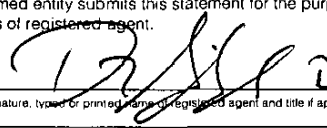
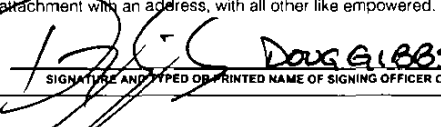


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90009 042 \*\*\*\*61.25

<b>DOCUMENT # N94000005291</b> 1. Entity Name <b>PLANT CITY LIONS FOUNDATION, INC.</b>					
Principal Place of Business <b>2011 N. WHEELER ST PLANT CITY, FL 33566</b>			Mailing Address <b>P.O. BOX 1059 PLANT CITY, FL 33564-1059</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3285155</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>HARRIS, CHARLES 2904 ASTON AVENUE PLANT CITY, FL 33566</b>					
7. Name and Address of New Registered Agent Name <b>DOUG GIBBS</b> Street Address (P.O. Box Number is Not Acceptable) <b>106 GRANT ST.</b> City <b>PLANT CITY</b> FL Zip Code <b>33563</b>					
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  <b>DOUG GIBBS</b> DATE <b>3-18-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WEST, BRIAN</b> <b>604 N. MERRIN ST.</b> <b>PLANT CITY, FL 33563</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ULBRICHT, BILL</b> <b>SFBH 301 N. ALEXANDER ST.</b> <b>PLANT CITY, FL 33563</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CAMERON, MICHAEL</b> <b>2501 THONOTOSASSA RD.</b> <b>PLANT CITY, FL 33566</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>JACOBS, SANDRA</b> <b>5102 JUSTIN LN</b> <b>PLANT CITY, FL 33565</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HARRIS, CHARLES</b> <b>2904 ASTON AVENUE</b> <b>PLANT CITY, FL 33566</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>DOUG GIBBS</b> <b>106 GRANT ST.</b> <b>PLANT CITY, FL 33563</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>JUDY BARTA</b> <b>P.O. BOX 1059</b> <b>PLANT CITY, FL 33564</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>DOUG GIBBS</b> DATE <b>3-18-08</b> DAYTIME PHONE # <b>813-752-6171</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					