2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N94000005291

Entity Name: PLANT CITY LIONS FOUNDATION, INC.

Current Principal Place of Business:

2011 N. WHEELER ST
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1059
PLANT CITY, FL 335641059

New Mailing Address:

FEI Number: 59-3285155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBBS, DOUG
106 GRANT ST
PLANT CITY, FL 33563 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: D ( ) Delete
Name: WEST, BRIAN
Address: 604 N. MERRIN ST.
City-St-Zip: PLANT CITY, FL 33563

Title: T ( ) Delete
Name: GIBBS, DOUG
Address: 106 GRANT ST
City-St-Zip: PLANT CITY, FL 33563

Title: P ( ) Delete
Name: CAMERON, MICHAEL
Address: 2501 THONOTOSASSA RD.
City-St-Zip: PLANT CITY, FL 33566

Title: SEC ( ) Delete
Name: BARTA, JUDY
Address: PO BOX 1059
City-St-Zip: PLANT CITY, FL 33564

Title: VP ( ) Delete
Name: HARRIS, CHARLES
Address: 2904 ASTON AVENUE
City-St-Zip: PLANT CITY, FL 33566

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: DOUG GIBBS T 04/30/2009
Electronic Signature of Signing Officer or Director Date