2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007
Secretary of State

DOCUMENT# N94000005569

Entity Name: PLANT CITY LIONS CLUB, INC.

Current Principal Place of Business:

P.O. BOX 1059
PLANT CITY, FL 335641059

New Principal Place of Business:

2011 N. WHEELER ST.
PLANT CITY, FL 33566

Current Mailing Address:

P.O. BOX 1059
PLANT CITY, FL 335641059

New Mailing Address:

FEI Number: 59-3285153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, JODI
SOUTH FLORIDA BAPTIST HOSPITAL
301 N ALEXANDER ST
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

HARRIS, CHARLES
2904 ASTON AVE
PLANT CITY, FL 33566 US

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: CHARLES HARRIS 07/10/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROBERT, STEPHEN
Address: 2916 JUNIPER LAKE PLACE
City-St-Zip: PLANT CITY, FL 33567

Title: VP ( ) Delete
Name: WEST, BRIAN
Address: 604 N. MERRIN ST.
City-St-Zip: PLANT CITY, FL 33563

Title: VP ( ) Delete
Name: ULBRICHT, BILL
Address: SFBH 301 N. ALEXANDER ST.
City-St-Zip: PLANT CITY, FL 33563

Title: SEC ( ) Delete
Name: JACOBS, SANDRA
Address: 5102 JUSTIN LN
City-St-Zip: PLANT CITY, FL 33565

Title: T ( ) Delete
Name: SMITH, JODI
Address: SFBH, 301 N ALEXANDER ST
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WEST, BRIAN
Address: 604 N. MERRIN ST.
City-St-Zip: PLANT CITY, FL 33563

Title: VP (X) Change ( ) Addition
Name: ULBRICHT, BILL
Address: SFBH 301 N. ALEXANDER ST.
City-St-Zip: PLANT CITY, FL 33563

Title: VP (X) Change ( ) Addition
Name: CAMERON, MICHAEL
Address: 2501 THONOTOSASSA RD.
City-St-Zip: PLANT CITY, FL 33566

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

Title: T (X) Change ( ) Addition
Name: HARRIS, CHARLES
Address: 2904 ASTON AVE.
City-St-Zip: PLANT CITY, FL 33566

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: CHARLES HARRIS T 07/10/2007
Electronic Signature of Signing Officer or Director Date