

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005569

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: PLANT CITY LIONS CLUB, INC.

## Current Principal Place of Business:

2011 N. WHEELER ST.  
PLANT CITY, FL 33566

## New Principal Place of Business:

617 N MARYLAND AVE  
PLANT CITY, FL 33563

## 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 ( )

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

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

Title: T ( ) Delete  
Name: HARRIS, CHARLES  
Address: 2904 ASTON AVE.  
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: T (X) Change ( ) Addition  
Name: WILLIAMS, LELAND F  
Address: 617 N MARYLAND AVE  
City-St-Zip: PLANT CITY, FL 33563

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: LELAND F WILLIAMS

T

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date