

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005569

FILED
Feb 07, 2011
Secretary of State

Entity Name: PLANT CITY LIONS CLUB, INC.

Current Principal Place of Business:

617 N MARYLAND AVE
PLANT CITY, FL 33563

New Principal Place of Business:

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:

WILLIAMS, LELAND F
617 N MARYLAND AVE
PLANT CITY, FL 33563 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: LELAND F WILLIAMS

02/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: P
Name: KLEIN, KELLIEIGH
Address: 2802 HAMMOCK DR
City-St-Zip: PLANT CITY, FL 33566

Title: VP
Name: LYONS, GAIL
Address: 4124 SWINDELL ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: D
Name: BARTH, JUDY
Address: POST OFFICE BOX 1059
City-St-Zip: PLANT CITY, FL 33564

Title: T
Name: WILLIAMS, LELAND F
Address: 617 N MARYLAND AVE
City-St-Zip: PLANT CITY, FL 33563

Title: D
Name: HARRIS, CHARLES
Address: 2904 ASHTON AVE
City-St-Zip: PLANT CITY, FL 33566

I hereby 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 all other like empowered.

SIGNATURE: LELAND F WILLIAMS

T

02/07/2011

Electronic Signature of Signing Officer or Director

Date