

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24004

**Entity Name:** IMPROVEMENT LEAGUE OF PLANT CITY, INCORPORATED

**Current Principal Place of Business:**

205 S.ALLEN ST  
PLANT CITY, FL 33563

**Current Mailing Address:**

PO BOX 5894  
PLANT CITY, FL 33563

**FEI Number: 59-2878029**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TAYLOR, THEODORE N.  
111 E. REYNOLDS STREET  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name THOMAS, WILLIAM M JR.  
Address 5602 JOE KING RD  
City-State-Zip: PLANT CITY FL 33567

Title D  
Name JOHNSON, HENRY D  
Address 913 E DR. M.L.K. BLVD  
City-State-Zip: PLANT CITY FL 33563

Title D  
Name THOMAS, WILLIAM M  
Address 5602 JOE KING RD  
City-State-Zip: PLANT CITY FL 33567

Title D  
Name DAVIS, HENRY  
Address 2103 EAST BEAL ROAD  
City-State-Zip: PLANT CITY FL 33567

Title DIRECTOR  
Name THOMAS, GWENDOLYN P  
Address 5602 JOE KING RD  
City-State-Zip: PLANT CITY FL 33567

Title TREASURER  
Name BARNUM, RASHIDA  
Address PO BOX 5894  
City-State-Zip: PLANT CITY FL 33563

*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: RASHIDA T BARNUM**

**TREASURER**

**04/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date