#### **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24004

Entity Name: IMPROVEMENT LEAGUE OF PLANT CITY, INCORPORATED

FILED Feb 03, 2021 Secretary of State 8618279455CC

### **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	Р	Title	D

NameTHOMAS, WILLIAM M JR.NameJOHNSON, HENRY DAddress5602 JOE KING RDAddress913 E DR. M.L.K. BLVDCity-State-Zip:PLANT CITY FL 33567City-State-Zip:PLANT CITY FL 33563

Title D Title D

Name THOMAS, WILLIAM M Name DAVIS, HENRY

Address 5602 JOE KING RD Address 2103 EAST BEAL ROAD

City-State-Zip: PLANT CITY FL 33567 City-State-Zip: PLANT CITY FL 33567

Title DIRECTOR Title TREASURER

Name THOMAS, GWENDOLYN P Name BARNUM, RASHIDA

Address 5602 JOE KING RD Address PO BOX 5894

City-State-Zip: PLANT CITY FL 33567 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 BARNUM

Electronic Signature of Signing Officer/Director Detail

TREASURER 02/03/2021

Date