


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90020 013 \*\*\*\*61.25

**DOCUMENT # 754981**  
1. Entity Name  
**ZIEGFELD GIRLS OF FLORIDA, INC.**



Principal Place of Business  
**1280 N.W. 21 TERRACE  
685 E HILLSBORO BLVD  
DELRAY BEACH FL 33445  
US**

Mailing Address  
**C/O AUDREY MIZE  
1280 N.W. 21 TERRACE  
DELRAY BEACH FL 33445  
US**



2. Principal Place of Business  
**C/O AUDREY MIZE**

3. Mailing Address  
Suite, Apt. #, etc.  
**1280 N.W. 21st TERRACE**

1st MOORE CR2E037 (10/05)

City & State  
**DELRAY Bch FLORIDA**

City & State

4. FEI Number  
**59-2051259**

Applied For  
 Not Applicable

Zip  
**33445**

Country

Zip  
Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GARRETT, EUGENE S  
2424 N. FEDERAL HWY  
SUITE 314,  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	COPD	<input checked="" type="checkbox"/> Delete
NAME	KEESELY, FLOSS	
STREET ADDRESS	5938 PATIO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	V	<input type="checkbox"/> Delete
NAME	GIBSON, ETHEL	
STREET ADDRESS	3720 SO OCEAN BLVD # 407	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MIZE, AUDREY	
STREET ADDRESS	1280 NW 21ST TERR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OSBORN, JANE	
STREET ADDRESS	5080 N. OCEAN DRIVE 16-B	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	CS	<input checked="" type="checkbox"/> Delete
NAME	KIRKPATRIC, MARION	
STREET ADDRESS	10948 TAMARISK TRAIL	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, ETHEL	
STREET ADDRESS	3720 SO OCEAN BLVD #407	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEN, FIONA	
STREET ADDRESS	1200 COCONUT ROAD	
CITY-ST-ZIP	BOCARATON FL 33432	
TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEKER, GLORIA	
STREET ADDRESS	4100 NW 43RD STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Audrey Mize*

**AUDREY MIZE**  
**PRESIDENT/DIRECTOR 02/24/06 561-243-9691**