


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90034 030 ****61.25

DOCUMENT # 754981			
1. Entity Name ZIEGFELD GIRLS OF FLORIDA, INC.			
Principal Place of Business C/O AUDREY MIZE 1280 NW 21ST TERR 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GARRETT, EUGENE S 2424 N. FEDERAL HWY 7491 N FEDERAL HWY SUITE 314 C5-263 BOCA RATON, FL 33487-1658		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, ETHEL	NAME	
STREET ADDRESS	3720 SO OCEAN BLVD # 407	STREET ADDRESS	
CITY - ST - ZIP	HIGHLAND BEACH, FL 33487	CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZE, AUDREY	NAME	
STREET ADDRESS	1280 NW 21ST TERR	STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH, FL 33445	CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEN, FIONA	NAME	
STREET ADDRESS	1200 COCONUT RD	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33432	CITY - ST - ZIP	
TITLE	COSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEKER, GLORIA	NAME	
STREET ADDRESS	4100 NW 43RD ST	STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK, FL 33073	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JANICE	NAME	
STREET ADDRESS	5690 G COACH HOUSE CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33486	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Audrey Mize</u>		AUDREY MIZE 03-06-08 243-9691	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



03032008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2051259** Applied For Not Applicable

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

SIGNATURE: Audrey Mize AUDREY MIZE 03-06-08 243-9691