

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754981

FILED
Jan 08, 2009
Secretary of State

Entity Name: ZIEGFELD GIRLS OF FLORIDA, INC.

Current Principal Place of Business:

C/O AUDREY MIZE
1280 NW 21ST TERR
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O AUDREY MIZE
1280 NW 21ST TERR
DELRAY BEACH, FL 33445 US

FEI Number: 59-2051259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRETT, EUGENE S
7491 N. FEDERAL HWY
STE. CD-263
BOCA RATON, FL 33488 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: GIBSON, ETHEL
Address: 3720 SO OCEAN BLVD # 407
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: PD () Delete
Name: MIZE, AUDREY
Address: 1280 NW 21ST TERR
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete
Name: GLEN, FIONA
Address: 1200 COCONUT RD
City-St-Zip: BOCA RATON, FL 33432

Title: COSD () Delete
Name: MEEKER, GLORIA
Address: 4100 NW 43RD ST
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: WILSON, JANICE
Address: 5690 G COACH HOUSE CIRCLE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AUDREY MIZE

PD

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date