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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01286 (6)

1. Corporation Name
ELITE WOMEN'S CLUB, INCORPORATED



Principal Place of Business Mailing Address
P.O. BOX 3651 P.O. BOX 3651
PLANT CITY FL 33566 PLANT CITY FL 33564-3651

3. Date Incorporated or Qualified 02/07/1984
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number 59-2454016
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, THEODORE N.
111 EAST REYNOLDS STREET
PLANT CITY FL 33566

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETED
NAME SUMMERS, EUNICE
STREET ADDRESS 1415 LOTELA AVE.
CITY - ST - ZIP LAKELAND FL
TITLE VD DELETED
NAME SMITH, DOROTHY
STREET ADDRESS 1004 E. JENKINS
CITY - ST - ZIP PLANT CITY FL
TITLE SD DELETED
NAME WASHINGTON, PATRICIA
STREET ADDRESS 308 SOUTH MERRIN ST.
CITY - ST - ZIP PLANT CITY FL
TITLE DAS DELETED
NAME RUTH, ROBERTA
STREET ADDRESS 1814 E. OHIO STREET
CITY - ST - ZIP PLANT CITY FL
TITLE TD DELETED
NAME MOSLEY, DOROTHY
STREET ADDRESS 1319 LOUISIANA ST.
CITY - ST - ZIP PLANT CITY FL
TITLE DELETED
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97
Date

Daytime Phone # 0046088

CR2E037 (9/96)