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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03082004 -- Chg-NP CR2E037 (10/03)

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01286 1. Entity Name ELITE WOMEN'S CLUB, INCORPORATED					
Principal Place of Business P.O. BOX 3651-5124 PLANT CITY, FL 33566			Mailing Address P.O. BOX 3651-5124 PLANT CITY, FL 33566		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2454016	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TAYLOR, THEODORE N. 111 EAST REYNOLDS STREET PLANT CITY, FL 33566			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMMERS, EUNICE		NAME		
STREET ADDRESS	1415 LOVELA AVE.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DOROTHY		NAME		
STREET ADDRESS	1004 E. JENKINS		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASHINGTON, PATRICIA		NAME		
STREET ADDRESS	308 SOUTH MERRIN ST.		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL		CITY-ST-ZIP		
TITLE	DAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUTH, ROBERTA		NAME		
STREET ADDRESS	1814 E. OHIO STREET		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEYS, WILLIE MAE		NAME		
STREET ADDRESS	1319 LOUISIANA ST.		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL		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 exemption stated in Section 119.07(3)(i), 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>Dorothy Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3-19-04</u> Daytime Phone # _____		