


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90483 010 ****61.25

DOCUMENT # N01286 1. Entity Name ELITE WOMEN'S CLUB, INCORPORATED	
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Principal Place of Business P.O. BOX 5124 PLANT CITY, FL 33566	Mailing Address P.O. BOX 5124 PLANT CITY, FL 33566
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2454016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYLOR, THEODORE N 111 EAST REYNOLDS STREET PLANT CITY, FL 33566

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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 re-registering)

Filing Fee is \$81.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUMMERS, EUNICE 1415 LOTELA AVE. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, DOROTHY 1004 E. JENKINS PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WASHINGTON, PATRICIA 308 SOUTH MERRIN ST. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS RUTH, ROBERTA 1814 E. OHIO STREET PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEYS, WILLIE MAE 1319 LOUISIANA ST. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Dorothy Smith 4-29-05 813-754-3141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #