


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90206 048 ****61.25

DOCUMENT # N01286
 1. Entity Name
ELITE WOMEN'S CLUB, INCORPORATED



Principal Place of Business Mailing Address
 P.O. BOX 5124 P.O. BOX 5124
 PLANT CITY, FL 33566 PLANT CITY, FL 33566

DO NOT WRITE IN THIS SPACE



04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-2454016 Not Applicable

5. Certificate of Status Desired **\$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 reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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 1340 LOUISIANA ST. 1702 HUGHES DR. 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 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: *Eunice Summers* *4-20-06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #