

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N01286

1. Entity Name
ELITE WOMEN'S CLUB, INCORPORATED



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

Mailing Address
**P.O. BOX 5124
PLANT CITY, FL 33566**



04252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-2454016 | Applied For 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**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000938096

10. OFFICERS AND DIRECTORS

05/27/08-80077-011 61.25

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SUMMERS, EUNICE 1415 LOVELA 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 1702 HUGHES DR PLANT CITY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

Dorothy Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08
Date

Daytime Phone #