

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01286

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ELITE WOMEN'S CLUB, INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 5124  
PLANT CITY, FL 33566

**New Principal Place of Business:**

1004 E. JENKINS  
PLANT CITY, FL 33566

**Current Mailing Address:**

P.O. BOX 5124  
PLANT CITY, FL 33566

**New Mailing Address:**

FEI Number: 59-2454016      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SUMMERS, EUNICE  
Address: 1415 LOTELA AVE.  
City-St-Zip: LAKELAND, FL

Title: VD ( ) Delete  
Name: SMITH, DOROTHY  
Address: 1004 E. JENKINS  
City-St-Zip: PLANT CITY, FL

Title: SD ( ) Delete  
Name: WASHINGTON, PATRICIA  
Address: 308 SOUTH MERRIN ST.  
City-St-Zip: PLANT CITY, FL

Title: DAS ( ) Delete  
Name: RUTH, ROBERTA  
Address: 1814 E. OHIO STREET  
City-St-Zip: PLANT CITY, FL

Title: TD ( ) Delete  
Name: KEYS, WILLIE MAE  
Address: 1702 HUGHES DR  
City-St-Zip: PLANT CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY SMITH

VD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date