2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/7/2007-90002-049-$70.00-$70.00

FILED

2007 OCT 25 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000010884

1. Entity Name

THE EBONEY ELITE LADIES SOCIETY OF THE GLADES AND WEST PALM BEACH COAST, INC.

Principal Place of Business	Mailing Address
120 CUSTARD CT. PAHOKEE FL 33476	120 CUSTARD CT. PAHOKEE FL 33476

2nd MOORE CR2E037 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
250 S. Lake Avenue	250 S. Lake Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pahokee, Florida	City & State: Pahokee, Florida
Zip: 33476 Country: Palm Beach	Zip: 33476 Country: Palm Beach

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINGLETARY, ELSIE L. 250 S. LAKE AVE. PAHOKEE FL 33476	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: Elsie L. Singletary 09-02-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By September 5, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SINGLETARY, ELSIE L. 250 S. LAKE AVE. PAHOKEE FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COORE, ANNIE 8832 ELDARODA DR. PAHOKEE FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCCALLISTER, PATSY 120 CUSTARD CT. PAHOKEE FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAVIS, SALENNA 4080 BALLETO ST. PT. ST. LUCIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, SHIRLEY D. 4080 BALLETO ST. PT. ST. LUCIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARY PRINGLE 1538 Boone Avenue Pahokee, FLORIDA Assistant Secretary ☑ Addition

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: Elsie L. Singletary, President 09-02-07 561-924-9237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/26 AD