

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N06000010884

1. Entity Name

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



FILED

08 SEP 26 AM 10:32

Principal Place of Business

250 S. LAKE AVENUE
PAHOKEE FL 33476

Mailing Address

250 S. LAKE AVENUE
PAHOKEE FL 33476

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

250 S. Lake Avenue

3. Mailing Address

120 Custard Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Shive Island

2nd MOORE

CR2E037 (4/08)

City & State

PAHOKEE Florida

City & State

PAHOKEE, Florida

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip

33476

Country

Palm Beach

Zip

33476

Country

Palm Beach

6. Name and Address of Current Registered Agent

SINGLETARY, ELSIE L.
250 S. LAKE AVE.
PAHOKEE FL 33476

7. Name and Address of New Registered Agent

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

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 3, 2008

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SINGLETARY, ELSIE L.	
STREET ADDRESS	250 S. LAKE AVE.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	V	<input type="checkbox"/> Delete
NAME	COORE, ANNIE	
STREET ADDRESS	8832 ELDARODA DR.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCALLISTER, PATSY	
STREET ADDRESS	120 CUSTARD CT.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, SALENNA	
STREET ADDRESS	4080 BALLETO ST.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, SHIRLEY D.	
STREET ADDRESS	4080 BALLETO ST.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PRINGLE, MARY	
STREET ADDRESS	1538 BOONE AVENUE	
CITY-ST-ZIP	PAHOKEE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200136385702
STREET ADDRESS	09/26/08--01043--019 **61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PA Secretary
STREET ADDRESS	Mary Pringle
CITY-ST-ZIP	1538 Boone Avenue PAHOKEE, Florida 33476
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Assistant Secretary
STREET ADDRESS	Jeanette Newborn
CITY-ST-ZIP	8264 Doveland Drive Apt. D PAHOKEE, Florida 33476

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 Elsie Lee Singletary 09/01/08 561-924
9237