

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27805

FILED
Mar 30, 2008
Secretary of State

Entity Name: LES GRANDES DAMES, INC.

Current Principal Place of Business:

1705 LYNDAL BLVD
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2851
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 59-2998724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, KERRY
1705 LYNDAL BLVD
MAITLAND, FL 32751 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: YOUNG, KERRY
Address: 1705 LYNDAL BLVD
City-St-Zip: MAITLAND, FL 32751 US

Title: VD () Delete
Name: COOK, CANDY
Address: 2463 RIVERTREE CIRLCE
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: LALIBERTE, CLAUDETTE
Address: 3969 HAYNES CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: 2VP () Delete
Name: REED, NANCY
Address: 1122 WASHINGTON AVE
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: PLANTE, MARYANN
Address: 915 N. KENTUCKY AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: HOLLYDAY, ALEXINA
Address: 1601 FLAMINGO DRIVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: GRAHAM, PATRICIA
Address: 1122 WASHINGTON AVE
City-St-Zip: WINTER PARK, FL 32789

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: KERRY YOUNG

PD

03/30/2008

Electronic Signature of Signing Officer or Director

Date