

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000863

1. Entity Name

LA SOCIETE DE FEMME GRANDE DE FLORIDA, INC.



Principal Place of Business

% ELSIE M. PHILLIPS
3190 N. AMPHIBIAN PT.
CRYSTAL RIVER, FL 34428

Mailing Address

% ELSIE M. PHILLIPS
3190 N. AMPHIBIAN PT.
CRYSTAL RIVER, FL 34428



02082006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0940437

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, ELSIE M
3190 N. AMPHIBIAN POINT
CRYSTAL RIVER, FL 34428

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
MCCARTHY, PATRICIA
355 LAROCHE CT.
MERRITT ISLAND, FL 32953

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
PETTIBONE, GEORGIA
3160 CHAMBLEE W.
CLEARWATER, FL 33759

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
PHILLIPS, ELSIE M
3190 N. AMPHIBIAN POINT
CRYSTAL RIVER, FL 34428

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000465264
03/22/06-80027-023 61.25

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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: Elsie M Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELSIE M PHILLIPS

3-8-07

Date

352.795.7845

Daytime Phone #