


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002108	
1. Entity Name JR. ELITE WOMEN'S CLUB OF PLANT CITY, INC.	

Principal Place of Business 1902 BOND STREET PLANT CITY, FL 33566	Mailing Address 1902 BOND STREET PLANT CITY, FL 33566
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04292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3568357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOODY, SHARON 1902 BOND STREET PLANT CITY, FL 33566
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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: <u>Sharon Moody</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>4-28-04</u> <small>(NOTE: Registered Agent signature required when resigning)</small>

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOODY, SHARON L 1902 BOND ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOOME, CAROLYN 6026 LAKE RUTH DR W DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENKINS, ESSIE 1702 E OHIO ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, ROSA 9055 EMPIRE ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000149812
05/03/04-80202-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: <u>Sharon Moody</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>4-28-04</u>	DAYTIME PHONE: <u>(813) 463-7134</u>
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