

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90475 005 ****61.25

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

50017546



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3568357

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MOODY, SHARON
1902 BOND STREET
PLANT CITY, FL 33566

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

Filing Fee Is \$61.25
Due by May 1, 2006

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 PD ☐ Delete
NAME MOODY, SHARON L
STREET ADDRESS 1902 BOND ST
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME BOOME, CAROLYN
STREET ADDRESS 6026 LAKE RUTH DR W
CITY-ST-ZIP DUNDEE, FL 33838

TITLE ☒ Change ☐ Addition
NAME *VPD Carolyn Brown*
STREET ADDRESS *903 Washington St.*
CITY-ST-ZIP *Plant City, FL 33863*

TITLE TD ☐ Delete
NAME JENKINS, ESSIE
STREET ADDRESS 1702 E OHIO ST
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME HAMILTON, GWENDOLYN
STREET ADDRESS 1902 BOND STREET
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sharon L. Moody Sharon Moody 427-06 (83) 463-7634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #