

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
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



04292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3568357

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOODY, SHARON L
STREET ADDRESS	1902 BOND ST
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	VPD
NAME	BROWN, CAROLYN
STREET ADDRESS	903 WASHINGTON ST
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	TD
NAME	JENKINS, ESSIE
STREET ADDRESS	1702 E OHIO ST
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	S
NAME	HAMILTON, GWENDOLYN
STREET ADDRESS	1902 BOND STREET
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/07-80086-013 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 1.19, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #