

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 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



04252008 No Chg-NP

CR2E037 (4/06)

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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, 2008**

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

U00000937477
05/27/08-80052-008 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #