


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006558	
1. Entity Name FRIENDS OF GISELLE'S, INC.	

Principal Place of Business 300 ROYAL PALM BCH BLVD 298 ROYAL PALM BEACH, FL 33411	Mailing Address 300 ROYAL PALM BCH BLVD 298 ROYAL PALM BEACH, FL 33411
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DO NOT WRITE IN THIS SPACE



02282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0977878	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THARPE, ELLEN
258 PONCE DE LEON ST
WEST PALM BEACH, FL 33411**

**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: Ellen Sharpe Ellen Tharpe, Treasurer DATE: 3/7/05

(NOTE: Registered Agent Signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2005	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 PLISKOW, STEVEN MD 1549 WHILTHSHIRE VILLAGE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIVERA, ZAIDA 11817 52ND RD. NORTH ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THARPE, ELLEN 258 PONCE DE LEON ST. ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARSSI, JEANNETTE 750 CEDAR COVE RD. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS JEAN, BESSETTE 11447 47TH RD. N RPB, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/10/05-80052-008 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ellen Sharpe Ellen Tharpe DATE: 3/7/05 561-790-0307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR