

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 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**



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0977878

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

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

000000788408
01/18/08-80039-021 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PLISKOW, STEVEN MD
1549 WHILTSIRE 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Ellen Tharpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/08 561-310-9328