

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006558

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: FRIENDS OF GISELLE'S, INC.

## Current Principal Place of Business:

300 ROYAL PALM BCH BLVD  
298  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

298 ROYAL PALM BCH BLVD  
ROYAL PALM BEACH, FL 33411

## Current Mailing Address:

300 ROYAL PALM BCH BLVD  
298  
ROYAL PALM BEACH, FL 33411

## New Mailing Address:

298 ROYAL PALM BCH BLVD  
ROYAL PALM BEACH, FL 33411

FEI Number: 65-0977878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PLISKOW, STEVEN MD  
Address: 1549 WHILTSHIRE VILLAGE  
City-St-Zip: WELLINGTON, FL 33414

Title: VD ( ) Delete  
Name: RIVERA, ZAIDA  
Address: 11817 52ND RD. NORTH  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD ( ) Delete  
Name: THARPE, ELLEN  
Address: 258 PONCE DE LEON ST.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZAIDA L. RIVERA

VP

01/21/2009

Electronic Signature of Signing Officer or Director

Date