

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

FILED

95 FEB 17 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **728129** (8)

1. Corporation Name
GIRLS INCORPORATED OF SARASOTA COUNTY

Principal Place of Business Mailing Address
201 SOUTH TUTTLE AVE SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/27/1973	3a. Date of Last Report 02/21/1994
4. FBI Number 23-7363275	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Country 28
Country 25	Country 30

9. Name and Address of Current Registered Agent

WATTS, SHERRY
1622 PEREGRINE POINT DRIVE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SO	D	1.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HONICK, KENNARD R		1.2 NAME Coon, Nathan	
STREET ADDRESS 1035 22ND ST		1.3 STREET ADDRESS % 1605 Main Street	
CITY - ST - ZIP SARASOTA FL		1.4 CITY - ST - ZIP Sarasota FL 34236	
TITLE VD	D	2.1 TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARSHMAN, JOHN		2.2 NAME Cunningham, Karen	
STREET ADDRESS 2535 MULBERRY TERRACE		2.3 STREET ADDRESS 420 Beach Rd #703	
CITY - ST - ZIP SARASOTA FL		2.4 CITY - ST - ZIP Sarasota FL 34242	
TITLE PD	D	3.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OGLVIE, KIM		3.2 NAME Fisk, Wendy	
STREET ADDRESS 1355 LANDINGS DR		3.3 STREET ADDRESS 1515 Ringling Blvd	
CITY - ST - ZIP SARASOTA FL		3.4 CITY - ST - ZIP Sarasota FL 34236	
TITLE TD	D	4.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUNNINGHAM, KAREN		4.2 NAME Harshman, John	
STREET ADDRESS 420 BEACH RD APT. 703		4.3 STREET ADDRESS 2535 Mulberry Terrace	
CITY - ST - ZIP SARASOTA FL		4.4 CITY - ST - ZIP Sarasota FL 34231	
TITLE MD	D	5.1 TITLE Executive Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEGALL, BRENDA K.		5.2 NAME Stegall, Brenda	
STREET ADDRESS 1015 CALOOSA DR		5.3 STREET ADDRESS 1015 Caloosa Drive	
CITY - ST - ZIP SARASOTA FL		5.4 CITY - ST - ZIP Sarasota FL 34236	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

\$ Deposited by Bank

RC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Brenda K. Stegall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brenda K. Stegall, Executive Director

1-18-95 813-366-6646