

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: 201 SOUTH TUTTLE AVE SARASOTA FL 34237  
Mailing Address: 201 SOUTH TUTTLE AVE SARASOTA FL 34237

3. Date Incorporated or Qualified: 11/27/1973  
3a. Date of Last Report: 02/17/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number 23-7363275	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WATTS, SHERRY 1622 PEREGRINE POINT DRIVE SARASOTA FL 34231				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D COON, NATHAN R 1605 MAIN ST SARASOTA FL 34236 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/V Kim Ogilvie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	1801 Main Street
STREET ADDRESS		1.3 STREET ADDRESS	Sarasota, FL 34236
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D CUNNINGHAM, KAREN 420 BEACH RD 703 SARASOTA FL 34214-2 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/T Kennard R. Honick <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	1800 Second St., Ste. 975
STREET ADDRESS		2.3 STREET ADDRESS	Sarasota, FL 34236
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D FISL, WENDY 1515 RINGLING BLVD SARASOTA FL <input type="checkbox"/> DELETE	3.1 TITLE	D/V Fisk Wendy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	1515 Ringling Blvd.
STREET ADDRESS		3.3 STREET ADDRESS	Sarasota, FL 34236
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DP HARSHMAN, JOHN 2535 MULBERRY TER. SARASOTA FL 34231 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D STEGALL, BRENDA 1015 CALOOSA DR SARASOTA FL 34236 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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 119.07(3)(k), 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 address.

SIGNATURE: Brendak Stegall (Brendak Stegall) 1/24/96 941-366-6646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)