

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34237-6333
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/27/1973	3a. Date of Last Report 02/26/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 23-7363275	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 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 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	DV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGILVIE, KIM	1.2 NAME	HANNA, ANITA J.
STREET ADDRESS	1801 MAIN ST	1.3 STREET ADDRESS	820 S. ORANGE AVE
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONICK, KENNARD R.	2.2 NAME	COOLEY, RICHARD II
STREET ADDRESS	1800 SECOND ST6, STE 975	2.3 STREET ADDRESS	1515 RINGLING BLVE STE 890
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA FL
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIK, WENDY	3.2 NAME	WOODS, ROBERTA
STREET ADDRESS	1515 RINGLING BLVD	3.3 STREET ADDRESS	1515 RINGLING BLVD
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA FL
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARSHMAN, JOHN	4.2 NAME	
STREET ADDRESS	2535 MULBERRY TER.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEGALL, BRENDA	5.2 NAME	UPHAM, ALEXIS J.
STREET ADDRESS	1015 CALOOSA DR	5.3 STREET ADDRESS	835 S OSPREY AVE #306
CITY-ST-ZIP	SARASOTA FL 34236	5.4 CITY-ST-ZIP	SARASOTA FL
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] 1-28-97 (941) 366-6646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063413

CP2E037 (9/96)