FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE

728129

GIRLS INCOPORATED OF SARASOTA COUNTY

FILED
May 28 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address									
					-	9 Date Incorporated or Qualified		 .	_
201	South Tuttle Ave	enue 201 Se	outh	m.,++	1.	3. Date Incorporated or Qualified			
	sota, FL 34237	·				11/27/73			
5016	350ta, FL 34237	Saras	ota,	ET 3	423 Y	4. FEI Number	_		pplied For
2. Principal F	Place of Business	2a. Mailing Address				23-7363275			ot Applicabl
21		26				5. Certificate of Status Desired	K KC		Additional lequired
Suite, Apt.	#, etc.	Suite, Apl. #, etc.				6. Election Campaign Financing		\$5.00	
27						Trust Fund Contribution		Added t	•
City & State City & State						7. Is this nonprofit corporation a ho	meowners		
28 28				☐ Yes ☐ No					
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has pa	id the curr	ent year In	tangible
24	25	29	30			Personal Property Tax due June	30. L	Yes [□ No
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Sherry 12. Sherry 13. Sherry 13. Sherry 14. Saracofa City 15. Sherry 16. Name 17. Solvant 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. Thereby accept the appointment as registered agent, and lamiliar with, and accept the obligations of, Section 617.0503, 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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. NATURE Signature spector provisions of Sections 617.0503, 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 submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the purpose of changing its registered agent, or both in the purpose of changing its registered agent, or both in the purpose								
l (Conds Sharry			B1 Name)				
Ì	4401 Midain	ut Pass Rd.	f	82 Street	Address	s (P.O. Box Number is Not Acceptable	e)		
	Canal	34242	Ī	В3					
đ	Sarasofa PC	212161	Ī	B4 City			FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the ab	ove-named	i corpora	tion submits this statement for the po	urnoen of	<u></u>	ts registered
office or n	egistered agent, or both, in the State in familiar with, and account he obliga	of Florida, Such change was a stiggs of Section 617,0503, Fig.	authorized	by the corp	poration'	s board of directors. I hereby accept	the appo	intment as	registered
· -	9		orida didio						
SIGNATORE .	Signature: Typed or proted came of registered age	nt and to elif applicable (NOT	E Registered	Agent signature	e required w	rhen roinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	DP	LX DELETE	1.1 TITU	E	DP			Change Change	☐ Addition
NAME	•	•	1.2 NAM	1E	На	nng, Anita J.			
			1.3 STR						
CITY-ST-ZIP	(1-51-7)			14 C/TY-ST-ZIP S		rasotaş FL			
TITLE		- OLLER	2.1 TITL	E	DV			Change	Addition
NAME	DT Cooley, Ri	chard	2.2 NAM	IE	Bu	tler, Christine			
STREET ADDRESS	1515 Ringling Blvd.					77 Main St			
CITY-ST-ZIP	Sarasota, FL			A (A)T() AT NO.		Sarasota FL34230			
TITLE	•	DELETE	3.1 TITL	E				Change	XX Addition
NAME			3.2 NAV	E	Bře	euer, Elizabeth			
STREET ADORESS			3.3 STR	ET ADDRESS	710	O Tarawitt Way			
CITY-ST-ZIP				(-ST-ZIP		ngboat Key, FL 3	3228		
TITLE		☐ DELETE	41 1171			-		Change	Addition
NAME			4. 2 NAN	1E					
STREET ADDRESS			4 3 STRE	ET ADDRESS					
CITY-ST-ZIP		T prices		-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		l		Ī	Change	☐ Addition
NAME			5.2 NAM	1		8000002543	949	(<u></u>)	
STREET ADDRESS			5.3 STRE	ET ADDRESS	l	80000254 3 -06/02/9801018	3 [1)118	3	
CITY-ST-ZIP		Ne. 49e	5.4 CITY			***70.00			
TITLE		☐ DEL E TE	61 TITLE					Change	☐ Additi n
NAME			62 NAM					. A	1/1/1
STREET ADDRESS			6.3 STRE	ET ADDRESS)	ላ ፈሎው
CITY-ST-ZIP	ortifu that the information a section	h this files does	6.4 CITY	ST-ZIP			-	J	<u> </u>
indicated	erlify that the information supplied wit on this annual report or supplemental	armual report is true and accu	rate and t	pilon state hat my sigi	id in Sec nature sh	tion 119.07(3)(i), Florida Statutes. I funall have the same legal effect as if n	irther certi nade unde	ify that the	information
officer or d Block 12 o	on this annual report or supplemental firector of the corporation or the rece r Block 13 if changed, or or an attact	ver or trusted empowered to e	xecute this	report as	required	by Chapter 617, Florida Statutes, ar	nd that my	name app	ears in
		and an authoss,					\sim \sim \sim \sim	21/./	rds.