

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **728520** (8)

1. Corporation Name

GIRLS INCORPORATED OF BAY COUNTY

Principal Place of Business

Mailing Address

1100 FOUNTAIN AVENUE
PANAMA CITY FL 32401

1100 FOUNTAIN AVENUE
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/31/1973	05/18/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
22	27	23-7393003	
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	<input type="checkbox"/>	
		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
		<input type="checkbox"/>	
		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

10. Name and Address of New Registered Agent

DONNA M ALLEN
1100 FOUNTAIN AVE
PANAMA CITY FL 32401

81 Name: **Donna Kay Nieschweitz**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **1100 Fountain Avenue**
84 City: **Panama City** FL 85 Zip Code: **32401**

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 of Current Registered Agent and the Corporation

(P.O.) Registered Agent (signature required also mandatory)

(P.O.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTER, FRED	1.2 NAME	Sutter, Fred
STREET ADDRESS	965 ROSEMONT DR	1.3 STREET ADDRESS	965 Rosemont Dr.
CITY, ST, ZIP	PANAMA CITY FL	1.4 CITY, ST, ZIP	Panama City, FL
TITLE	RSD	2.1 TITLE	2V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYO, RHONDA	2.2 NAME	Mayo, Rhonda
STREET ADDRESS	2916 FAIRMONT DR	2.3 STREET ADDRESS	2916 Fairmont Dr
CITY, ST, ZIP	PANAMA CITY FL	2.4 CITY, ST, ZIP	Panama City, FL
TITLE	ED	3.1 TITLE	RSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEISCHWEITA, DONNA KAY	3.2 NAME	Curry, Jennifer
STREET ADDRESS	4324 WEST 20TH STREET / STE - B107	3.3 STREET ADDRESS	449 W. 23rd Street
CITY, ST, ZIP	PANAMA CITY FL	3.4 CITY, ST, ZIP	Panama City, FL 32406
TITLE	TD	4.1 TITLE	CSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKER, CHUCK	4.2 NAME	Flax Hyman, Cheryl
STREET ADDRESS	P O BOX 16417 N/A	4.3 STREET ADDRESS	5230 W. Business 9B
CITY, ST, ZIP	PANAMA CITY FL	4.4 CITY, ST, ZIP	Panama City, FL 32401
TITLE	RSD	5.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKINS, PHYLISS	5.2 NAME	Brassell-Mills, Ann
STREET ADDRESS	2007 WINDJAMMER DRIVE	5.3 STREET ADDRESS	499 Palermo Rd
CITY, ST, ZIP	PANAMA CITY FL	5.4 CITY, ST, ZIP	Panama City, FL 32405
TITLE	CSD	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIDDLEMAS, KENDALL	6.2 NAME	San Juan, Caroline
STREET ADDRESS	718 BUNKERS COVE ROAD	6.3 STREET ADDRESS	449 W. 23rd Street
CITY, ST, ZIP	PANAMA CITY FL	6.4 CITY, ST, ZIP	Panama City, FL 32405

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(2)(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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number