

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified
12/31/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7393003

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIESCHWITZ, DONNA K
1100 FOUNTAIN AVENUE
PANAMA CITY FL 32401

81

Name

N/A

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

I, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	SUTIER, FRED	
STREET ADDRESS	965 ROSEMONT DR	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	MAYO, RHONDA	
STREET ADDRESS	2916 FAIRMONT DR	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	CURRY, JENNIFER	
STREET ADDRESS	449 W 23RD STREET	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	CSD	<input type="checkbox"/> DELETE
NAME	FLAX-HYMAN, CHERYL	
STREET ADDRESS	5230 W BUSINESS 98	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	BROOKINS, PHYLISS	
STREET ADDRESS	2007 WINDJAMMER DRIVE	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	CSD	<input type="checkbox"/> DELETE
NAME	MIDDLEMAS, KENDALL	
STREET ADDRESS	718 BUNKERS COVE ROAD	
CITY - ST - ZIP	PANAMA CITY FL	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CAROLINE SAN JUAN	
1.3 STREET ADDRESS	449 W. 23RD STREET	D
1.4 CITY - ST - ZIP	PANAMA CITY, FL	
2.1 TITLE	1ST VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KIM SHOEMAKER	
2.3 STREET ADDRESS	4342 BROOK FOREST DRIVE	D
2.4 CITY - ST - ZIP	PANAMA CITY, FL 32404	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KETHA BOWERS	
3.3 STREET ADDRESS	P.O. BOX 2950	D
3.4 CITY - ST - ZIP	PANAMA CITY, FL	
4.1 TITLE	NEW MEMBER REPRESENTATIVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARY CAMERON	
4.3 STREET ADDRESS	2113 COUNTRY CLUB DRIVE	D
4.4 CITY - ST - ZIP	LYNN HAVEN, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100001862241	
5.3 STREET ADDRESS	-06/14/96--01043--012	
5.4 CITY - ST - ZIP	***61.25	
6.1 TITLE	PAST MEMBER REPRESENTATIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KENDALL MIDDLEMAS	
6.3 STREET ADDRESS		D
6.4 CITY - ST - ZIP		5/1/92

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: *Ketha Bowers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (904) 769-6703
DATE TIME PHONE #

CR2E037 (12/95)