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Jun 25 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 # 728520 (8)

1. Corporation Name
GIRLS INCORPORATED OF BAY COUNTY



Principal Place of Business 1100 FOUNTAIN AVENUE PANAMA CITY FL 32401	Mailing Address 1100 FOUNTAIN AVENUE PANAMA CITY FL 32401-1834
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3. Date Incorporated or Qualified 12/31/1973	3a. Date of Last Report 05/01/1996
4. FEI Number 23-7393003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

NIESCHWIETZ, DONNA K
1100 FOUNTAIN AVENUE
PANAMA CITY FL 32401

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P/D <input checked="" type="checkbox"/> DELETE
NAME	SAN JUAN, CAROLINE
STREET ADDRESS	449 W. 23RD STREET
CITY-ST-ZIP	PANAMA CITY FL
TITLE	V/D <input type="checkbox"/> DELETE
NAME	SHOEMAKER, KIM
STREET ADDRESS	4342 BROOK FOREST DR.
CITY-ST-ZIP	PANAMA CITY FL 32404
TITLE	T/D <input type="checkbox"/> DELETE
NAME	BOWERS, KEITH
STREET ADDRESS	449 W 23RD STREET
CITY-ST-ZIP	PANAMA CITY FL
TITLE	CSD <input checked="" type="checkbox"/> DELETE
NAME	FLAX-HYMAN, CHERYL
STREET ADDRESS	5230 W BUSINESS 98
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CAMERON, MARY
STREET ADDRESS	2113 COUNTRY CLUB DR.
CITY-ST-ZIP	LYNN HAVEN FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MIDDLEMAS, KENDALL
STREET ADDRESS	718 BUNKERS COVE ROAD
CITY-ST-ZIP	PANAMA CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CORRESPONDING SECRETARY
1.3 STREET ADDRESS	BELT, MARI
1.4 CITY-ST-ZIP	3728 SHORELINE CIRCLE PANAMA CITY, FL 32405
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RECORDING SECRETARY
2.3 STREET ADDRESS	GOOLSBY, MERILL
2.4 CITY-ST-ZIP	5912 THOMAS DRIVE PANAMA CITY BEACH, FL 32408
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAST PRESIDENT
3.3 STREET ADDRESS	MILLS, ANN BRASSEL
3.4 CITY-ST-ZIP	499 PALERMO ROAD PANAMA CITY, FL 32405
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PRES. CAMERON, MARY
5.3 STREET ADDRESS	2113 COUNTRY CLUB DR.
5.4 CITY-ST-ZIP	LYNN HAVEN FL 32444
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CR2E037 (9/96)