

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46179

Entity Name: GIRLS PLACE FOUNDATION, INC.**Current Principal Place of Business:**2101 N.W. 39TH AVE.
GAINESVILLE, FL 32605**Current Mailing Address:**2101 N.W. 39TH AVE.
GAINESVILLE, FL 32605**FEI Number: 59-3120455****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MAGETTE, JANNA T
2436 NW 28TH STREET
GAINESVILLE, FL 32605 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: JANNA MAGETTE****02/23/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WARD, GERALDINE
Address 1921 NW 23RD STREET
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name AYERS, KAY
Address 6222 NW 19TH PLACE
City-State-Zip: GAINESVILLE FL 32605

Title SECRETARY
Name KNOPF, DEBBY
Address 2257 NW 31ST AVENUE
City-State-Zip: GAINESVILLE FL 32605

Title TREASURER
Name MORGAN, MYRA
Address 71 NW 48TH BLVD.
City-State-Zip: GAINESVILLE FL 32607

Title EXECUTIVE DIRECTOR
Name MAGETTE, JANNA
Address 2436 NW 28TH STREET
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name CRAPO, SHEILA
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name DANIEL, CAROLYN
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name DUBOIS, MICHELE
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANNA MAGETTE**EXECUTIVE DIRECTOR****02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FLORENCE, LESLIE
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name GATTON, BEVERLY
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name HAMMOND, RICK
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name MALLORY, JOHNNY
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name READ, LYNN
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name STEWART, JIM
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name FOXX, EVELYN
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name GRADDY, FRANK
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name JONES, LIZ
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name MILLS, BETH
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name SPERLING, SHARON
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name WHITEHURST, MEREDITH
Address 2101 N.W. 39TH AVE.
City-State-Zip: GAINESVILLE FL 32605