

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001641

**Entity Name:** GIRL POWER ROCKS, INC.

**Current Principal Place of Business:**

1600 N.W. 3RD AVENUE  
SUITE 100  
MIAMI, FL 33136

**FILED**  
**Mar 24, 2023**  
**Secretary of State**  
**3973547466CC**

**Current Mailing Address:**

1600 N.W. 3RD AVENUE  
SUITE 100  
MIAMI, FL 33136 US

**FEI Number: 65-0737649**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CAMPBELL, THEMA  
1600 N.W. 3RD AVENUE  
SUITE 100  
MIAMI, FL 33136 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CAMPBELL, THEMA  
Address 1600 N.W. 3RD AVENUE  
SUITE 100  
City-State-Zip: MIAMI FL 33136

Title CHAIRMAN  
Name WORSHIP, VICTORIA  
Address 1600 N.W. 3RD AVENUE  
SUITE 100  
City-State-Zip: MIAMI FL 33136

Title TREA  
Name LUNA, LAUDY  
Address 1600 N.W. 3RD AVENUE  
SUITE 100  
City-State-Zip: MIAMI FL 33136

Title SEC  
Name JONES, STEPHANIE  
Address 1600 N.W. 3RD AVENUE  
SUITE 100  
City-State-Zip: MIAMI FL 33136

Title VC  
Name MANNINGS, AISHA  
Address 1600 N.W. 3RD AVENUE  
SUITE 100  
City-State-Zip: MIAMI FL 33136

Title PARLIAMENTARIAN  
Name GAUSE , SHERISE  
Address 1600 N.W. 3RD AVENUE  
SUITE 100  
City-State-Zip: MIAMI FL 33136

*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: THEMA CAMPBELL**

**DIRECTOR OF OPERATIONS**

**03/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date