

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -2 PM 4:23

DOCUMENT # 713009 (9)

1. Corporation Name

GIRLS INCORPORATED OF WINTER HAVEN

Principal Place of Business

Mailing Address

2400 HAVENDALE BLVD.  
BOX 1913  
WINTER HAVEN FL 33883-1913

2400 HAVENDALE BLVD.  
BOX 1913  
WINTER HAVEN FL 33883-1913

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/28/1967

3a. Date of Last Report  
01/24/1994

4. FEI Number  
59-1158810

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

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

SPILLANE, MARGARET  
400 DURRELL RD.  
WINTER HAVEN FL 33884

81 Name Same

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

83

84 City

FL

85

Zip Code

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

*Margaret F. Spillane*

Signature of (Typed Name of) registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GILDER, PATRICIA  
STREET ADDRESS 222 NASSAU RD.  
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE President  Change  Addition  
1.2 NAME Johnson, Deloris  
1.3 STREET ADDRESS PO Box 3126 N/A  
1.4 CITY-ST-ZIP Winter Haven FL 33881

TITLE VD  
NAME JOHNSON, DELORIS  
STREET ADDRESS PO BOX 3126  
CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE Vice Pres.  Change  Addition  
2.2 NAME Turner, Mark  
2.3 STREET ADDRESS 250 Magnolia Ave S.W  
2.4 CITY-ST-ZIP Winter Haven, FL 33880

TITLE VD  
NAME TURNER, MARK  
STREET ADDRESS 198 1ST STREET S.  
CITY-ST-ZIP WINTER HAVEN FL

3.1 TITLE Vice Pres./D  Change  Addition  
3.2 NAME DUNSON, LISA  
3.3 STREET ADDRESS 3019 SILVERADO TERR.  
3.4 CITY-ST-ZIP Winter Haven, FL 33884

TITLE SD  
NAME JONES, KATHY  
STREET ADDRESS 148 LAKE MARIAM RD  
CITY-ST-ZIP WINTER HAVEN FL

4.1 TITLE Secretary/D  Change  Addition  
4.2 NAME Maitland, Gary  
4.3 STREET ADDRESS P.O. Box 1440 N/A  
4.4 CITY-ST-ZIP Winter Haven, FL 33882

TITLE TD  
NAME SNIVELY, LAURA SUE  
STREET ADDRESS 2502 N LAKE WINTERSSET RD  
CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE Treasurer  Change  Addition  
5.2 NAME Parker, Bonnie  
5.3 STREET ADDRESS 850 Magnolia Ave S.W  
5.4 CITY-ST-ZIP Winter Haven FL 33880

TITLE D  
NAME SPILLANE, MARGARET  
STREET ADDRESS 400 DURRELL RD.  
CITY-ST-ZIP WINTER HAVEN FL

6.1 TITLE Director  Change  Addition  
6.2 NAME Spillane, Margaret  
6.3 STREET ADDRESS 400 Durrell Rd  
6.4 CITY-ST-ZIP Winter Haven, FL 33884

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Patricia T. Gilder* - Business Mgr. - Jan 26 1995 813-967-2874  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date (Initial) (Type)