

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 713009 (9)**

1. Corporation Name

**GIRLS INCORPORATED OF WINTER HAVEN**



Principal Place of Business: **2400 HAVENDALE BLVD. BOX 1913 WINTER HAVEN FL 33883-1913**  
Mailing Address: **2400 HAVENDALE BLVD. BOX 1913 WINTER HAVEN FL 33883-1913**

3. Date incorporated or Qualified: **06/28/1967**      3a. Date of Last Report: **02/02/1995**  
4. FEI Number: **59-1158810**       Applied For       Not Applicable  
5. Certificate of Status Desired:       **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:       **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes       No

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

9. Name and Address of Current Registered Agent  
**SPILLANE, MARGARET  
400 DURRELL RD.  
WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent  
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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Vice Pres. - D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNSON, LISA</b>	1.2 NAME	<b>Dunson, Lisa</b>
STREET ADDRESS	<b>3019 SIVERADO TERRACE</b>	1.3 STREET ADDRESS	<b>940 Piedmont Circle</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	1.4 CITY-ST-ZIP	<b>Winter Haven, FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>(2nd) Vice Pres. - D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSON, DELORIS</b>	2.2 NAME	<b>Bagby, Bob</b>
STREET ADDRESS	<b>PO BOX 3126</b>	2.3 STREET ADDRESS	<b>5014 River Lake Rd.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	2.4 CITY-ST-ZIP	<b>Winter Haven, FL 33884</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, MARK</b>	3.2 NAME	<b>Turner, Mark - D</b>
STREET ADDRESS	<b>255 MAGNOLIA AVE SW</b>	3.3 STREET ADDRESS	<b>255 Magnolia Ave. SW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	3.4 CITY-ST-ZIP	<b>Winter Haven, FL 33880</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Secretary - D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, KATHY</b>	4.2 NAME	<b>Gennert, Melea</b>
STREET ADDRESS	<b>148 LAKE MARIAM RD</b>	4.3 STREET ADDRESS	<b>1433 Lake Howard Dr. N.W.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	4.4 CITY-ST-ZIP	<b>Winter Haven, FL 33881</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SNIVELY, LAURA SUE</b>	5.2 NAME	<b>Schemmer, Renata</b>
STREET ADDRESS	<b>2502 N LAKE WINTERSET RD</b>	5.3 STREET ADDRESS	<b>935 6th St. N.W. #610</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	5.4 CITY-ST-ZIP	<b>Winter Haven, FL 33881</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>200001913922</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPILLANE, MARGARET</b>	6.2 NAME	<b>-08/06/96--01108--029</b>
STREET ADDRESS	<b>400 DURRELL RD.</b>	6.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	6.4 CITY-ST-ZIP	

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: *Margaret Spillane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7-2-96**      Daytime Phone #: **(941) 967-2874**

CR2E037 (3/96)