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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
33881

3. Date Incorporated or Qualified: 06/28/1967
3a. Date of Last Report: 08/06/1996
4. FEI Number: 59-1158810
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: 21
2b. Mailing Address: 26
22. Suite, Apt. #, etc.: BOX 1913
27. Suite, Apt. #, etc.: PO BOX 1826
23. City & State: WINTER HAVEN FL
28. City & State: WINTER HAVEN FL
24. Zip: 33882-1826
29. Zip: 33882-1826
30. Country: USA

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
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: Margaret F. Spillane MARGARET F. SPILLANE 2-10-97
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	V/D	<input type="checkbox"/> DELETE
NAME	DUNSON, LISA	
STREET ADDRESS	940 PIEDMONT CIR.	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	BAGBY, BOB	
STREET ADDRESS	5014 RIVER LAKE RD.	
CITY - ST - ZIP	WINTER HAVEN FL 33884	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	TURNER, MARK	
STREET ADDRESS	255 MAGNOLIA AVE SW	
CITY - ST - ZIP	WINTER HAVEN FL 33880	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	GERNERT, MELEA	
STREET ADDRESS	1433 LAKE HOWARD DR. NW	
CITY - ST - ZIP	WINTER HAVEN FL 33881	
TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	SCHEMMER, RENATA	
STREET ADDRESS	235 6TH ST. NW #610	
CITY - ST - ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPILLANE, MARGARET	
STREET ADDRESS	400 DURRELL RD.	
CITY - ST - ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	33880	
2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	YVONNE PARHAM N/A	
4.3 STREET ADDRESS	PO BOX 3126	
4.4 CITY - ST - ZIP	WINTER HAVEN, FL 33881-3126	
5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GARY MAITLAND N/A	
5.3 STREET ADDRESS	PO BOX 1440	
5.4 CITY - ST - ZIP	WINTER HAVEN, FL. 33882-1440	
6.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP	33884	

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.

SIGNATURE: Margaret F. Spillane MARGARET F. SPILLANE 2-10-97 941-967-2874

CR2E037 (9/96)