

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 21 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713009 (9)**  
1. Corporation Name  
**GIRLS INCORPORATED OF WINTER HAVEN**



Principal Place of Business <b>2400 HAVENDALE BLVD. WINTER HAVEN FL 33881 US</b>	Mailing Address <b>2400 HAVENDALE BLVD. P.O. BOX 1826 WINTER HAVEN FL 33882-1826 US</b>
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3. Date Incorporated or Qualified <b>06/28/1967</b>	
4. FEI Number <b>59-1158810</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>25</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>26</b>
City & State <b>23</b>	City & State <b>27</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE <b>PD</b>	<b>DUNSON, LISA</b>	<input type="checkbox"/> DELETE
NAME	<b>940 PIEDMONT CIR.</b>	
STREET ADDRESS	<b>WINTER HAVEN FL</b>	
CITY-ST-ZIP		
TITLE <b>TD</b>	<b>BAGBY, BOB</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>5014 RIVER LAKE RD.</b>	
STREET ADDRESS	<b>WINTER HAVEN FL</b>	
CITY-ST-ZIP		
TITLE <b>D</b>	<b>TURNER, MARK</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>255 MAGNOLIA AVE SW</b>	
STREET ADDRESS	<b>WINTER HAVEN FL</b>	
CITY-ST-ZIP		
TITLE <b>SD</b>	<b>PARHAM, YVONNE</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>P.O. BOX 3126 N/A</b>	
STREET ADDRESS	<b>WINTER HAVEN FL</b>	
CITY-ST-ZIP		
TITLE <b>VD</b>	<b>MAITLAND, GARY</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>P.O. BOX 1440 N/A</b>	
STREET ADDRESS	<b>WINTER HAVEN FL</b>	
CITY-ST-ZIP		
TITLE <b>M</b>	<b>SPILLANE, MARGARET</b>	<input type="checkbox"/> DELETE
NAME	<b>400 DURRELL RD.</b>	
STREET ADDRESS	<b>WINTER HAVEN FL</b>	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <b>D</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE <b>V/D</b>	<b>GINA MONTESANO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>210 SECURITY SQUARE</b>	
2.3 STREET ADDRESS	<b>WINTER HAVEN, FL 33880</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE <b>P/D</b>	<b>CHERYL BECKETT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>631 CENTRAL AVE</b>	
3.3 STREET ADDRESS	<b>WINTER HAVEN, FL 33880</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE <b>S/D</b>	<b>JANE WEST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>1125 LAKE HOWARD DR, N</b>	
4.3 STREET ADDRESS	<b>WINTER HAVEN, FL 33881</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE <b>T/D</b>	<b>LAURA SUE SINGELY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>2502 N. UK. WINTERSET DR.</b>	
5.3 STREET ADDRESS	<b>WINTER HAVEN, FL 33884</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **1-6-97** **941-967-2874**

CR2E037 (10/97)