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**Mar 09, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713009**

1. Corporation Name  
**GIRLS INCORPORATED OF WINTER HAVEN**

Principal Place of Business 2400 HAVENDALE BLVD. WINTER HAVEN FL 33881 US	Mailing Address 2400 HAVENDALE BLVD. P.O. BOX 1826 WINTER HAVEN FL 33882-1826 US
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>P.O. Box 7285</b>	3. Date Incorporated or Qualified 06/28/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>WINTER HAVEN, FL</b>	4. FEI Number 59-1158810
City & State 23	City & State 28 <b>33883-7285</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29	Country 30 <b>USA</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	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUNSON, LISA</b>	
STREET ADDRESS	<b>940 PIEDMONT CIR.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MONTESANO, GINA</b>	
STREET ADDRESS	<b>210 SECURITY SQUARE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BECKERT, CHERYL</b>	
STREET ADDRESS	<b>631 CENTRAL AVE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WEST, JANE</b>	
STREET ADDRESS	<b>1125 LAKE HOWARD DR N</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SNIVELY, LAURA S</b>	
STREET ADDRESS	<b>2502 N LK WINTERSET DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
TITLE	<b>M</b>	<input type="checkbox"/> DELETE
NAME	<b>SPILLANE, MARGARET</b>	
STREET ADDRESS	<b>400 DURRELL RD.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JD</b>	
1.3 STREET ADDRESS	<b>ROBERT BAGBY</b>	
1.4 CITY-ST-ZIP	<b>5014 RIVER LAKE RD.</b>	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LINDA GRANT</b>	
2.3 STREET ADDRESS	<b>2444 MARY JEWETT CIRCLE</b>	
2.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL. 33881</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D</b>	
5.3 STREET ADDRESS	<b>Ellah Fraizer</b>	
5.4 CITY-ST-ZIP	<b>2100 9th St. NE.</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>Winter Haven, FL 33881</b>	
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)(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, with all other like empowered.

SIGNATURE: Margaret Spillane 2-17-99 941-967-  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)