

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713009

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: GIRLS INCORPORATED OF WINTER HAVEN

**Current Principal Place of Business:**

2400 HAVENDALE BLVD.  
WINTER HAVEN, FL 33881 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7285  
WINTER HAVEN, FL 338837285 US

**New Mailing Address:**

FEI Number: 59-1158810      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPILLANE, PEGGY  
5 PEACHTREE LANE  
WINTER HAVEN, FL 33884 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CRISMAN, STEVE  
Address: 525 POPE AVE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD ( ) Delete  
Name: JESSEE, NANCY  
Address: 129 HAWTHORNE RD  
City-St-Zip: WINTER HAVEN, FL 33888

Title: VD ( ) Delete  
Name: MARY, MARIANI  
Address: 3 LAKE WINTERSET DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD ( ) Delete  
Name: EZELL, PAT  
Address: 503 HAMILTON SHORE COURT  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D ( ) Delete  
Name: MARTIN, VIRGINIA  
Address: 525 POPE AVE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete  
Name: SCHULZ, HELENE  
Address: 2920 EAST LAKE HARTRIDGE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: JONES, DESHA  
Address: 7401 CYPRESS GARDENS BLVD  
City-St-Zip: WINTER HAVEN, FL 33888

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY SPILLANE

ED

01/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date