

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 06, 2006
Secretary of State**

DOCUMENT# 713009

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:**FORTE, ANGELA D
716 AVENUE A SW
WINTER HAVEN, FL 33880 US

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: ANGELA D. FORTE

09/06/2006

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 33881Title: TD (X) Delete
Name: JESSEE, NANCY
Address: 129 HAWTHORNE RD
City-St-Zip: WINTER HAVEN, FL 33888Title: VD (X) Delete
Name: MARY, MARIANI
Address: 3 LAKE WINTERSET DRIVE
City-St-Zip: WINTER HAVEN, FL 33884Title: SD () Delete
Name: JONES, DESHA
Address: 7401 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33888Title: D () Delete
Name: MARTIN, VIRGINIA
Address: 525 POPE AVE
City-St-Zip: WINTER HAVEN, FL 33881Title: 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: VSD (X) Change () Addition
Name: JONES, DESHA
Address: 7401 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33888Title: TD (X) Change () Addition
Name: MARTIN, VIRGINIA
Address: 525 POPE AVE
City-St-Zip: WINTER HAVEN, FL 33881Title: () 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: STEVE CRISMAN

PD

09/06/2006

Electronic Signature of Signing Officer or Director

Date