

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713009

FILED  
Mar 15, 2007  
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:**

FORTE, ANGELA D  
716 AVENUE A SW  
WINTER HAVEN, FL 33880 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: VSD ( ) Delete  
Name: JONES, DESHA  
Address: 7401 CYPRESS GARDENS BLVD  
City-St-Zip: WINTER HAVEN, FL 33888

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

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

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

Title: PD (X) Change ( ) Addition  
Name: JONES, DESHA  
Address: 7401 CYPRESS GARDENS BLVD  
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD (X) Change ( ) Addition  
Name: MARTIN, VIRGINIA  
Address: 525 POPE AVE  
City-St-Zip: WINTER HAVEN, FL 33881

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: ANGELA FORTE

ED

03/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date