2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713009

FILED Sep 02, 2008 Secretary of State

Entity Name: GIRLS INCORPORATED OF WINTER HAVEN

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
2400 HAV	ENDALE BLVD. HAVEN, FL 33881 US		•	
Current Mailing Address:		New Maili	New Mailing Address:	
PO BOX 7 WINTER H	285 HAVEN, FL 338837285 US			
In accordan	: 59-1158810			
716 AVEN	EL, MARGARET UE A SW HAVEN, FL 33880 US			
	named entity submits this statement for the pure of Florida.	rpose of changing i	its registered office or registered agent, or both,	
SIGNATUI	RE:Electronic Signature of Registered Agen	†	 Date	
OFFICER	S AND DIRECTORS:		NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete JONES, DESHA 7401 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33881	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition JESSEE, NANCY 728 SANTA MARIA DRIVE WINTER HAVEN, FL 33884 US	
Title: Name: Address: City-St-Zip:	TD () Delete MARTIN, VIRGINIA 525 POPE AVE WINTER HAVEN, FL 33881	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition MARTIN, VIRGINIA 525 POPE AVE WINTER HAVEN, FL 33881 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VD () Change (X) Addition BECKERT, CHERYL 631 E. CENTRAL AVE WINTER HAVEN, FL 33880 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SD () Change (X) Addition LAPIETRA, TERRI 6 LAKE LINK DRIVE WINTER HAVEN, FL 33884 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition PRYOR, VERONICA 7401 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33888 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition HULVERSON, KIM 250 MAGNOLIA AVENUE WINTER HAVEN, FL 33880 US	

I hereby certify that the information supplied with this filing does not qualify 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: MARGARET L. THRELKEL RA 09/02/2008