

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713009

FILED
Apr 13, 2009
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:

THRELKEL, MARGARET
716 AVENUE A SW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

THRELKEL, MARGARET
1315 N LAKE ELBERT DRIVE
WINTER HAVEN, FL 338814386 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:

Electronic Signature of Registered Agent

04/13/2009

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JESSEE, NANCY
Address: 728 SANTA MARIA DRIVE
City-St-Zip: WINTER HAVEN, FL 33884 US

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

Title: VD () Delete
Name: BECKERT, CHERYL
Address: 631 E. CENTRAL AVE
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: SD () Delete
Name: LAPIETRA, TERRI
Address: 6 LAKE LINK DRIVE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: D () Delete
Name: PRYOR, VERONICA
Address: 7401 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33888 US

Title: D () Delete
Name: HULVERSON, KIM
Address: 250 MAGNOLIA AVENUE
City-St-Zip: WINTER HAVEN, FL 33880 US

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

Title: D (X) Change () Addition
Name: GOZDUR, TIFFANI
Address: 595 CYPRESS GARDENS BLVD 2ND FL
City-St-Zip: WINTER HAVEN, FL 33880 US

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

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: NANCY JESSEE

Electronic Signature of Signing Officer or Director

MRS.

04/13/2009

Date