2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713009

FILED Apr 13, 2009 Secretary of State

Entity Name: GIRLS INCORPORATED OF WINTER HAVEN

Current P	rincipal Place of Business:	New Principal Place of Business:
	ENDALE BLVD. HAVEN, FL 33881 US	
Current M	lailing Address:	New Mailing Address:
PO BOX 7 WINTER I	285 HAVEN, FL 338837285 US	
FEI Number	: 59-1158810 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
716 AVEN	EL, MARGARET IUE A SW HAVEN, FL 33880 US	THRELKEL, MARGARET 1315 N LAKE ELBERT DRIVE WINTER HAVEN, FL 338814386 US
	e named entity submits this statement for the pur e of Florida.	rpose of changing its registered office or registered agent, or bo
SIGNATU	RE:	04/13/2009
	Electronic Signature of Registered Agent	t Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	PD () Delete JESSEE, NANCY 728 SANTA MARIA DRIVE WINTER HAVEN, FL 33884 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD () Delete MARTIN, VIRGINIA 525 POPE AVE WINTER HAVEN, FL 33881 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VD () Delete BECKERT, CHERYL 631 E. CENTRAL AVE WINTER HAVEN, FL 33880 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SD () Delete LAPIETRA, TERRI 6 LAKE LINK DRIVE WINTER HAVEN, FL 33884 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete PRYOR, VERONICA 7401 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33888 US	Title: D (X) Change () Addition Name: GOZDUR, TIFFANI Address: 595 CYPRESS GARDENS BLVD 2ND FL City-St-Zip: WINTER HAVEN, FL 33880 US
Title: Name: Address: City-St-Zip:	D () Delete HULVERSON, KIM 250 MAGNOLIA AVENUE 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 MRS. 04/13/2009