SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 PM 8:32

DOCUMENT # **719942** **(5)**

1. Corporation Name
GIRLS INCORPORATED OF JACKSONVILLE

Principal Place of Business	Mailing Address
3702 STANLEY STREET JACKSONVILLE FL 32207	3702 STANLEY STREET JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1970
3a. Date of Last Report: 06/23/1994
4. FEI Number: 59-1317196 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

O'STEEN, MARSHA
3702 STANLEY STREET
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

31 Name: Camille Crabtree
32 Street Address (P.O. Box Number is Not Acceptable): 3702 Stanley St.
33: J
34 City: Jacksonville **FL** 35 Zip Code: 32207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Camille H Crabtree (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 6/6/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	SD ☑ Change ☐ Addition
NAME	EISENBER, IRIS	12 NAME	Kaye Lunsford
STREET ADDRESS	1807 BAYARD PL	13 STREET ADDRESS	3702 Stanley St
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	M	21 TITLE	M ☒ Change ☐ Addition
NAME	O'STEEN, MARSHA	22 NAME	Camille Crabtree
STREET ADDRESS	3702 STANLEY ST	23 STREET ADDRESS	3702 Stanley St.
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	PD	31 TITLE	PD ☒ Change ☐ Addition
NAME	FOLDS, MEG	32 NAME	Dr. Rebecca Cooper
STREET ADDRESS	3865 HEDRICKS ST	33 STREET ADDRESS	800 Prudential Drive
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Suite 230, Jacksonville, FL 32207
TITLE	VD	41 TITLE	TD ☒ Change ☐ Addition
NAME	GIBSON, CHRIS	42 NAME	Thomas M. Cash
STREET ADDRESS	11537 WOODSONG LOOP S	43 STREET ADDRESS	3702 Stanley St.
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Camille H Crabtree 6/6/95 901-398-8804
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0001683