

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



3. Date Incorporated or Qualified
12/29/1970

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRABTREE, CAMILLE
3702 STANLEY ST.
JACKSONVILLE FL 32207**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☒ DELETE

**SD
LUNSFORD, KAYE
3702 STANLEY ST.
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**M
CRABTREE, CAMILLE
3702 STANLEY ST
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**PD
COOPER, DR. R
800 PRUDENTIAL DR, SUITE 230
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**TD
CASH, THOMAS M.
3702 STANLEY ST
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**NAME
STREET ADDRESS
CITY- ST- ZIP**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**NAME
STREET ADDRESS
CITY- ST- ZIP**

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP ☒ Change ☐ Addition

**SD
Kit Thomas
739 N. Alhambra Dr.
Jacksonville, FL 32207**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP ☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP**

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP ☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP**

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP ☒ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP**

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP ☐ Change ☒ Addition

**TD
Jo Ann T. Stephens
3702 Stanley St.
Jacksonville, FL 32207**

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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 Crabtree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96
Date

904-348-8803
Telephone #

CR2E037 (12/95)