FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 719942 (5) GIRLS INCORPORATED OF JACKSONVILLE						
Principal Place of Business Mailing Address						81 81811 81811 5 1811 61811 81811 81811 1881
1702 STANLEY STREET 3702 STANLEY STREET ACKSONVILLE FL 32207 3702 STANLEY STREET JACKSONVILLE FL 32207-473						
			4737			
					 Date Incorporated or Qualified 12/29/1970 	3a. Date of Last Report 03/21/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26					59-1317196	Not Applicable
-		Suite, Apt. #, etc.	ie, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
22 27 City & State City		City & State	y & State		6. Election Campaign Financing	\$5.00 May Be
28		<u>⊢</u> ¬ ′			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	ry	8. This corporation has liability for i	
24	25 25 Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New Re	Yes No
	B. Hame and Address of Ourie	int trogistorou Agont		1 Name	TO. Hallis and Addises of How No	Bieralen Wattr
CRABTREE, CAMILLE				Street A	ddress (P.O. Box Number is Not Acceptab	(0)
3702 STANLEY ST.					udress (F.O. Box Number is Not Acceptable	
JACKSONVILLE FL 32207			3	3		
			Ē	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617 1508. Florida Stat	utes the abo	ve-named c	orporation submits this statement for the p	
office or r	registered agent, or both, in the Statem familiar with, and accept the obli	e of Florida. Such change was	s authorized.	by the corpo	pration's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE		gattorio of coolor of the	, 1011012 01010			
	Signature typed or printed name of registered agent and title if applicable (NOTE:			Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	THOMAS, KIT		1.2 NAN			
STREET ADDRESS	739 N ALHAMBRA DR		1.3 STR	ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL			-ST-ZIP		
TITLE	M DELETI		2.1 TITL			L Change L Addition
NAME STREET ADDRESS	CRABTREE, CAMILLE 3702 STANLEY ST		2.2 NAN	ET ADDRESS		
CITY-ST-ZIP	44 44 44 44 44 44 44 44 44 44 44 44 44		- 6	Y-ST-ZIP		}
TITLE	PD DELETE					Change Addition
NAME	COOPER, DR. R		3.2 NAM	E		
STREET ADDRESS	800 PRUDENTIAL DR, SUITE	230	3 3 STR	ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL VD	DELETE	3.4. CIT	Y-SI-ZIP	PD	Change Addition
TITLE NAME	CASH, THOMAS M.		4. 2 NA	1		real cusulas (** Vaquiton
STREET ADDRESS	3702 STANLEY ST			ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL			-ST-ZIP		
TITLE	TD	DELETE	5.1 TITL	i		Change Addition
NAME	STEPHENS, JOANN T		5.2 NAN	1		į
STREET ADDRESS	3702 STANLY ST			ET ADDRESS		
CITY-ST-ZIP TITLE	JACKSONVILLE FL	☐ DELETÉ	6.1 TITL	ST-ZIP		Change Addition
NAME			6.2 NAM			
STREET ADDRESS			•	ET ADDRESS		
CITY-ST-7IP	1		64.00)	- ST - 7IP		l

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this ennual 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.

FILED

Feb 11 1997 8:00am

Secretary of State