

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90017 011 \*\*\*\*70.00

DOCUMENT # 719942

1. Corporation Name

GIRLS INCORPORATED OF JACKSONVILLE

Principal Place of Business  
3702 STANLEY STREET  
JACKSONVILLE FL 32207

Mailing Address  
3702 STANLEY STREET  
JACKSONVILLE FL 32207



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified  
12/29/1970

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

9. Name and Address of Current Registered Agent

CRABTREE, CAMILLE  
3702 STANLEY ST.  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name Kit Thomas  
82 Street Address (P.O. Box Number is Not Acceptable)  
3702 Stanley Street  
83  
84 City Jacksonville FL 85 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 Katherine "Kit" Thomas

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 PD  
NAME THOMAS, KIT  
STREET ADDRESS 739 N ALHAMBRA DR  
CITY-ST-ZIP JACKSONVILLE FL  
☒ DELETE

TITLE M  
NAME CRABTREE, CAMILLE  
STREET ADDRESS 3702 STANLEY ST  
CITY-ST-ZIP JACKSONVILLE FL  
☒ DELETE

TITLE VD  
NAME FOSTER, STEPHANIE  
STREET ADDRESS 11556 TURXTON CT  
CITY-ST-ZIP JACKSONVILLE FL 32223  
☐ DELETE

TITLE TD  
NAME STEPHENS, JOANN T  
STREET ADDRESS 3702 STANLY ST  
CITY-ST-ZIP JACKSONVILLE FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D S Morris, Ellen  
1.2 NAME  
1.3 STREET ADDRESS 3702 Stanley St  
1.4 CITY-ST-ZIP Jacksonville, FL 32207  
☐ Change ☒ Addition

2.1 TITLE D V Gooding, David  
2.2 NAME  
2.3 STREET ADDRESS 3702 Stanley St  
2.4 CITY-ST-ZIP Jacksonville, FL 32207  
☐ Change ☒ Addition

3.1 TITLE D P Foster, Stephanie  
3.2 NAME  
3.3 STREET ADDRESS 3702 Stanley St  
3.4 CITY-ST-ZIP Jacksonville, FL 32207  
☒ Change ☐ Addition

4.1 TITLE DT Stephens, Joann T  
4.2 NAME  
4.3 STREET ADDRESS 3702 Stanley St  
4.4 CITY-ST-ZIP Jacksonville, FL 32207  
☒ Change ☐ Addition

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

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

14. I 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 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, with all other like empowered.

SIGNATURE: X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

0000186