FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **720249** **(2)**

1. Corporation Name

GIRLS INCORPORATED OF LAKELAND, INC.

Principal Place of Business	Mailing Address
1220 W. HIGHLAND ST. P.O. BOX 1975 LAKELAND FL 33802-1975	1220 W. HIGHLAND ST. P.O. BOX 1975 LAKELAND FL 33802-1975

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1971
3a. Date of Last Report: 06/02/1994
4. FEI Number: 23-7101551 ☐ 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 ☑ **$68.75** Supplemental Fee Not Required
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

HARRIS, KAY
3435 MILNER DR
LAKELAND FL 33805

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	HIRSCH, LYNN	1.2 NAME	Michael E. Dolce
STREET ADDRESS	1427 PHYLLIS ST.	1.3 STREET ADDRESS	4311 Orangewood Loop W.
CITY-ST-ZIP	LAKELAND, FL 33803	1.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	TD	2.1 TITLE	TD ☑ Change ☐ Addition
NAME	VAIL, DAVID	2.2 NAME	Lynda Mack
STREET ADDRESS	3120 FLAMINGO LN	2.3 STREET ADDRESS	844 Glendale St.
CITY-ST-ZIP	MULBERRY FL	2.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	SD	3.1 TITLE	SD ☑ Change ☐ Addition
NAME	BRADLEY, BECKY	3.2 NAME	Sheila Lucius
STREET ADDRESS	1850 NORTHWOOD DR	3.3 STREET ADDRESS	4625 Luco Road
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	VD	4.1 TITLE	VD ☑ Change ☐ Addition
NAME	DOLCE, MICHAEL	4.2 NAME	Sylvia Blackmon-Roberts
STREET ADDRESS	4311 ORANGEWOOD LOOP W	4.3 STREET ADDRESS	848 Santiago Court
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Lynda R. Mack Treasurer 4/13/95 813-687-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LYNDA R. MACK