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 # **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

3. Date Incorporated or Qualified: 02/12/1971
3a. Date of Last Report: 04/19/1995

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

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

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

9. Name and Address of Current Registered Agent

HARRIS, KAY
3435 MILNER DR
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name: Harris-Fields, Kay
82 Street Address (P.O. Box Number is Not Acceptable): 1015 W. 13th Street
83
84 City: Lakeland FL 85 Zip Code: 33805

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: Kay Harris-Fields Kay Harris-Fields 2/15/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when name changed) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOLCE, MICHAEL E		1.2 NAME		
STREET ADDRESS	4311 ORANGEWOOD LOOP W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL. 33803		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MACK, LYNDA		2.2 NAME		
STREET ADDRESS	844 GLENDALE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELANT FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	President	☒ Change ☐ Addition
NAME	LUCIUS, SHEILA		3.2 NAME		
STREET ADDRESS	844 LUCE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLACKMON-ROBERTS, SYLVIA		4.2 NAME		
STREET ADDRESS	348 SANTIAGO COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME			5.2 NAME	Rimmer, Linda	
STREET ADDRESS			5.3 STREET ADDRESS	1018 E. Highland Street	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE		☐ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME			6.2 NAME	Taylor, Julie	
STREET ADDRESS			6.3 STREET ADDRESS	709 S.E. 3rd Street	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Mulberry, FL 33860	

CR2E037 (12/95)

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: Lynda P. Mack Treasurer 2-16-96 (941) 687-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #