

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 # 760486

(1)

1. Corporation Name

FLORIDA GIRLS' STATE, INC.

Principal Place of Business

Mailing Address

**1912 LEE ROAD
ORLANDO FL 32810
US**

**P.O. BOX 547917
ORLANDO FL 32854-7917
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1912A LEE ROAD		26		10/19/1981		04/03/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 ORLANDO FLORIDA		28		59-0520130		Not Applicable	
24 Zip 32810		25 Country US		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAHONEY, MARIE 1912 LEE ROAD ORLANDO FL 32810				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 1912A LEE ROAD			
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEETS, PHYLLIS W	1.2 NAME	
STREET ADDRESS	7201 MIAMI LAKES DR B15	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELUSO, ELIZABETH	2.2 NAME	SHIRLEY FRASER
STREET ADDRESS	340 PONTE VEDRA RD	2.3 STREET ADDRESS	2335 BAYVIEW ROAD
CITY-ST-ZIP	PALM SPRINGS FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRASER, SHIRLEY	3.2 NAME	PATRICIA M DONOHUE
STREET ADDRESS	2335 BAYVIEW RD	3.3 STREET ADDRESS	1659 NE 23RD TERRACE
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, MARIE	4.2 NAME	
STREET ADDRESS	1912 LEE ROAD	4.3 STREET ADDRESS	1912A LEE ROAD
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Marie Mahoney
MARIE MAHONEY, SECRETARY-TREASURER

02/01/96

407-293-7411

Date

Daytime Phone #

CR2E037 (12/95)