

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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

1912A LEE ROAD
ORLANDO FL 32810
USP.O. BOX 547817
ORLANDO FL 32854-7917
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1981	3a. Date of Last Report 02/09/1996
21. Suite, Apt #, etc.		26. Suite, Apt #, etc.		4. FEI Number 59-0520130	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAHONEY, MARIE
1912A LEE ROAD
ORLANDO FL 32810

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	D	<input checked="" type="checkbox"/> DELETE	13. 1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEETS, PHYLLIS W		12 NAME	
STREET ADDRESS	7201 MIAMI LAKES DR B15		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL		14 CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, SHIRLEY		2.2 NAME	PATRICIA M DONOHUE
STREET ADDRESS	2335 BAYVIEW ROAD		2.3 STREET ADDRESS	1659 NE 23RD TERRACE
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOHUE, PATRICIA M.		3.2 NAME	ELEANORE KERNAGHAN
STREET ADDRESS	1659 NE 23RD TERRACE		3.3 STREET ADDRESS	1299 SW IBIS DRIVE
CITY-ST-ZIP	JENSEN BEACH FL		3.4 CITY-ST-ZIP	PALM CITY FL 34990
TITLE	STD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, MARIE		4.2 NAME	
STREET ADDRESS	1912A LEE ROAD		4.3 STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/97

407-293-7411

Date

Daytime Phone # 0017961

CR2E037 (9/96)