


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90002 031 \*\*\*\*70.00

<b>DOCUMENT # N04000007537</b>	
1. Entity Name <b>GIRLQUEST FOUNDATION, INC.</b>	

Principal Place of Business <b>2205 12TH STREET NW 803 Foxboro Lane, SW WINTER HAVEN, FL 33881 Winter Haven, FL 33880</b>	Mailing Address <b>2205 12TH STREET NW P.O. Box 3311 WINTER HAVEN, FL 33881 Winter Haven, FL 33885</b>
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2. Principal Place of Business <b>803 Foxboro Lane, SW</b>	3. Mailing Address <b>P.O. Box 3311</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Winter Haven, FL</b>	City & State <b>Winter Haven, FL</b>
Zip <b>33880</b>	Country <b>USA</b>
Country <b>USA</b>	Zip <b>33885</b>

06302005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1230122</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>JONES, CHARISSE 2205 12TH STREET NW- 803 Foxboro Lane, SW WINTER HAVEN, FL 33881 Winter Haven, FL 33880</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Charisse L. Jones</i> Founder, President/CEO GirlQUEST Foundation, Inc./GirlQUEST	DATE <b>8/8/05</b>

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GEATHERS, JUANITA 346 AVE O SW WINTER HAVEN, FL 33880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONES, GLENDA 608 AVE S NW WINTER HAVEN, FL 33881</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JONES, CHARISSE 2205 12TH STREET NW WINTER HAVEN, FL 33881</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Nicole Barry 15427 Plantation Oaks Drive, Apt. 3 Tampa FL 33617-2126</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Barry Dillard 5364 Elm Court Orlando, FL 32811</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Kevin D. Gales 47597 Woodbury Terrace Pittman Park, VA 20165</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Terri Hill 1217 Pat Patterson Court Apopka, FL 32712</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Scott Jackson 6700 Conroy Rd., #150 Orlando, FL 32835</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Paulette Walden 1140 West Lake Martha Drive, NE Winter Haven, FL 33881</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Andrea R. Wyatt 3497 Shalott Drive, Apt. 106 Orlando, FL 32835</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Diana Chicote 3231 Oak Tree Lane Winter Haven, FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Pat Miller 710 West Pierce Lake Alfred, FL 33850</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Charisse L. Jones, President/CEO, Founder</i>	Date <b>8/8/05</b> (863)206-7786