

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009881

FILED
Feb 16, 2010
Secretary of State

Entity Name: NEW PHASES FOR GIRLS, INC.

Current Principal Place of Business:

1950 NORTH POINT BLVD
#509
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

4100 BILTMORE AVE
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 27-1151819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, KIMBERLY
4104 SCARLETT DR.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MAXWELL, CATHERON
Address: 1950 NORTH POINT BLVD #509
City-St-Zip: TALLAHASSEE, FL 32308

Title: VCP
Name: OWENS, KIMBERLY
Address: 4104 SCARLETT DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: S
Name: FORTSON, LACONDA
Address: 402 3RD ST. SE
City-St-Zip: HAVANA, FL 32333

Title: S
Name: MANNING, DAPHNE
Address: 2305 KILLEARN CENTER BLVD, C-63
City-St-Zip: TALLAHASSEE, FL 32309

Title: T
Name: BROWN, TAMIKA
Address: 1739 SILVERWOOD DR.
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHERON MAXWELL

P

02/16/2010

Electronic Signature of Signing Officer or Director

Date