

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713009

FILED
Apr 04, 2018
Secretary of State
CC2226242942

Entity Name: GIRLS INCORPORATED OF WINTER HAVEN

Current Principal Place of Business:

2400 HAVENDALE BLVD.
WINTER HAVEN, FL 33881

Current Mailing Address:

PO BOX 7285
WINTER HAVEN, FL 33883-7285 US

FEI Number: 59-1158810

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THRELKEL, MARGARET
2400 HAVENDALE BLVD.
WINTER HAVEN, FL 33881 US

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

Officer/Director Detail :

Title DIRECTOR
Name MOORE, DANA
Address 3041 CYPRESS GARDENS ROAD
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name BUTZ, KELLY
Address 1517 3RD STREET SE
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name SHEEHAN, DONNA
Address P.O. BOX 2277
City-State-Zip: WINTER HAVEN FL 33883-2277

Title DIRECTOR
Name SAMUEL, CHRISTINE
Address 300 LYNCHBURG ROAD
City-State-Zip: LAKE ALFRED FL 33850

Title PRESIDENT
Name GREEAR, CORI
Address 325 AVENUE A NW
City-State-Zip: WINTER HAVEN FL 33881

Title VP
Name NICHOLSON, AMANDA
Address P. O. BOX 1420
City-State-Zip: WINTER HAVEN FL 33882-1420

Title DIRECTOR
Name HOOK, JAY
Address 150 3RD STREET SW
City-State-Zip: WINTER HAVEN FL 33880

Title TREASURER
Name HURLES, AMANDA
Address 6340 CYPRESS GARDENS BLVD.
City-State-Zip: WINTER HAVEN FL 33884

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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: CORI GREEAR

PRESIDENT

04/04/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name POBJECKY, RENEE
Address 786 AVENUE C SW
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name DEWDNEY, TWANNA
Address 128 PALMETTO AVENUE
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name SMITH, NIKKI
Address 2641 WYNDSOR OAKS WAY
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name BAKER, CINDY
Address 47 5TH STREET NW
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name MARTIN, RHONDA
Address 118 WEST CENTRAL AVE.
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name WOOD, PAUL
Address 3601 CYPRESS GARDENS ROAD
SUITE A
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name PITTMAN, NANAY
Address 201 FISH HAWK DR.
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name HULVERSON, KIM
Address 250 MAGNOLIA AVENUE SUITE 100
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name CANADY, LYNN
Address 603 TAYLOR BLVD.
City-State-Zip: WINTER HAVEN FL 33880