

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713009

FILED
Mar 29, 2016
Secretary of State
CC0429519208

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 FULLERTON, CHRISTINE
Address 999 AVENUE H NE
City-State-Zip: WINTER HAVEN FL 33881

Title PRESIDENT
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 GEORGE, MARIANNE
Address 999 AVENUE H NE
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name COLLINS, THERESA
Address 3064 DUNMORE DRIVE
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR
Name PHILLIPS, KAREN
Address 221 W. LAKE SUMMIT DRIVE
City-State-Zip: WINTER HAVEN FL 33884

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

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

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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: DANA MOORE

PRESIDENT

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

Title DIRECTOR
Name RADOCHA, RICHARD
Address 635 1ST STREET
City-State-Zip: WINTER HAVEN FL 33881

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

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