

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713009

FILED
Apr 01, 2019
Secretary of State
7580077793CC

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

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

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

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

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 VP
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

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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: AMANDA NICHOLSON

PRESIDENT

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name MORACO, SUZIE
Address 229 LAKE HARTRIDGE DRIVE N
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name HUNDLEY, MARY BETH
Address 621 CYPRESS GARDENS BLVD.
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name SEXSON, AMY
Address 99 THIRD STREET
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name BOYER, GARY
Address P. O. BOX 8
City-State-Zip: POLK CITY FL 33686

Title DIRECTOR
Name LUXFORD, BETH
Address 373 NIBLICK CIRCLE
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name WALLACE, TRACEE
Address 625 OVERLOOK DRIVE
City-State-Zip: WINTER HAVEN FL 33884