

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713009

**FILED
Mar 05, 2015
Secretary of State
CC7690763692**

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
234 TOWHEE ROAD
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 VP
Name BUTZ, KELLY
Address 1517 3RD STREET SE
City-State-Zip: WINTER HAVEN FL 33880

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

Title DIRECTOR
Name BRUCE , CINDY
Address 136 PARK LANE
City-State-Zip: WINTER HAVEN FL 33884

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

Title DIRECTOR
Name GOOD, PALMIRA
Address 70 SUNSET VIEW DIRVE
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name PHILLIPS, KAREN
Address 221 W. LAKE SUMMIT DRIVE
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: DANA MOORE

PRESIDENT

03/05/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name RADOCHA, RICHARD
Address 635 1ST STREET
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 LONG, KIM
Address 401 W. LAKE ELBERT DRIVE NE
City-State-Zip: WINTER HAVEN FL 33881

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

Title DIRECTOR
Name VERHEY, AMY
Address 6900 CYPRESS GARDENS BLVD.
City-State-Zip: WINTER HAVEN FL 33884