

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713009

**FILED**  
**Apr 04, 2017**  
**Secretary of State**  
**CC3847759337**

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

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

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

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

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

**Continues on page 2**

*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:** CHRISTINE SAMUEL

**PRESIDENT**

**04/04/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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 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 PITTMAN, NANAY  
Address 300 WEST LIME STREET  
City-State-Zip: LAKELAND FL 33815

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