# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 713009

#### 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

#### Name and Address of Current Registered Agent:

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

Certificate of Status Desired: No

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

# Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	MORACO, SUZIE	Name	HUNDLEY, MARY BETH
Address	229 LAKE HARTRIDGE DRIVE N	Address	20 THIRD STREET SW SUITE 308
City-State-Zip:	WINTER HAVEN FL 33880	City-State-Zip:	
Title	DIRECTOR	Title	DIRECTOR
Name	LUXFORD, BETH	Name	SEXSON, AMY
Address	373 NIBLICK CIRCLE		
City-State-Zip:	WINTER HAVEN FL 33881	Address	154 2ND STREET SW #7
Title	DIRECTOR	City-State-Zip:	WINTER HAVEN FL 33881
Name		Title	PRESIDENT
	BIRDSONG, ANN	Name	FASKING, JENNIFER
Address	2417 MARY JEWETT CIRCLE		
City-State-Zip:	WINTER HAVEN FL 33881	Address	218 RUBY LAKE LANE
		City-State-Zip:	WINTER HAVEN FL 33884
Title	DIRECTOR		
Name	RICH, CARMAN	Title	DIRECTOR
Address	250 3RD STREET NW	Name	POLSTON, LYNN
	102	Address	767 CYPRESS GARDENS BLVD.
City-State-Zip:	WINTER HAVEN FL 33881	City-State-Zip:	WINTER HAVEN FL 33880

#### 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: JENNIFER FASKING

PRESIDENT

03/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Mar 22, 2024 Secretary of State 2034911618CC

Date

### **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BURNEY, PRIMA
Address	502 E. MAIN STREET
	LAKELAND FL 33801
Title	TREASURER
Name	WEAVER, PAIGE
Address	2521 THORNHILL ROAD
City-State-Zip:	AUBURNDALE FL 33823
Title	VP
Name	WILLIAMS, PATRICE
Address	411 ST. GEORGES CIRCLE
City-State-Zip:	EAGLE LAKE FL 33839
Title	DIRECTOR
Name	DUNN, CAROLYN
Address	2200 HAVENDALE BLVD. NW
City-State-Zip:	WINTER HAVEN FL 33881
Title	DIRECTOR
Name	MOJICA, JENNIFER
Address	539 EAST CENTRAL AVENUE
City-State-Zip:	WINTER HAVEN FL 33880
Title	SECRETARY
Name	STERLING, NIKKI
Address	1875 CROSSROADS BLVD.

	DIRECTOR REUTER, HEATHER P. O. BOX 2277 WINTER HAVEN FL 33883
Title Name Address	DIRECTOR WHITEHEAD VENTERS, WENDY 601 6TH STREET SW
City-State-Zip:	
Title Name Address City-State-Zip:	DIRECTOR CALLINS, TANDRIA DR. 330 AVENUE C SOUTHEAST WINTER HAVEN FL 33880
Title Name Address	DIRECTOR BETHEA, WELLIE 276 WEST CENTRAL AVENUE
City-State-Zip:	WINTER HAVEN FL 33880
City-State-Zip: Title Name Address City-State-Zip:	DIRECTOR ROBINSON, CHRISTA 2090 HAVENDALE BLVD. NW