

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713009

FILED
Apr 06, 2021
Secretary of State
2792454980CC

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 HURLES, AMANDA
Address 23725 HWY 27
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR
Name DEWDNEY, TWANNA
Address 128 PALMETTO AVENUE
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name HULVERSON, KIM
Address 3670 HAVENDALE BLVD.
City-State-Zip: WINTER HAVEN FL 33881

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

Title PRESIDENT
Name HUNDLEY, MARY BETH
Address 20 THIRD STREET SW
SUITE 308
City-State-Zip: WINTER HAVEN FL 33880

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

Title VP
Name SEXSON, AMY
Address 154 2ND STREET SW
#7
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name BIRDSONG, ANN
Address 2417 MARY JEWETT CIRCLE
City-State-Zip: WINTER HAVEN FL 33881

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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: MARY BETH HUNDLEY

PRESIDENT

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FASKING, JENNIFER
Address 218 RUBY LAKE LANE
City-State-Zip: WINTER HAVEN FL 33884

Title SECRETARY
Name MYERS, MARY MARGARET
Address 3545 LAKE ALFRED ROAD
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name COPELAND, SUSAN
Address 1530 SHUMATE DRIVE
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name POPE, JANA
Address 2400 HAVENDALE BLVD.
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name HEATH, RHONDA
Address P. O. BOX 1661
City-State-Zip: WINTER HAVEN FL 33882

Title DIRECTOR
Name RICH, CARMAN
Address 250 3RD STREET NW
102
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name POLSTON, LYNN
Address 767 CYPRESS GARDENS BLVD.
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name SPAULDING, APRIL
Address P. O. BOX 503
City-State-Zip: LAKE HAMILTON FL 33851