


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90032 026 ****70.00

DOCUMENT # 703295
 1. Entity Name
 SOUTH FLORIDA COUNCIL INC., BOY SCOUTS OF AMERICA



Principal Place of Business
 15255 NW 82ND AVE
 MIAMI LAKES, FL 33016 US

Mailing Address
 15255 NW 82ND AVE
 MIAMI LAKES, FL 33016 US

94035325



2. Principal Place of Business (Same as above)
 Suite, Apt. #, etc.

3. Mailing Address (Same as above)
 Suite, Apt. #, etc.

03162004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 59-0637817

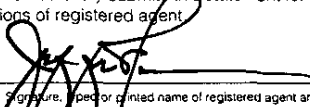
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HERRMANN, JEFFRIE A
 15255 NW 82ND AVE
 MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent
 Name (Same as #6)
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Jeffrie A. Herrmann** 3/19/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	BURNS, M ANTHONY	
STREET ADDRESS	3600 NW 82ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRMANN, JEFFRIE A	
STREET ADDRESS	15255 NW 82ND AVE	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARBOLEYA, CARLOS	
STREET ADDRESS	1941 SW 23RD ST	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASEY, MICHEAL W	
STREET ADDRESS	200 S BISCAYNE BLVD SUITE 3600	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, DOUGLAS J.	
STREET ADDRESS	P O BOX 145336	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TILLET, WILLIAM R	
STREET ADDRESS	255 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norman J. Silber	
STREET ADDRESS	701 Brickell Avenue, Suite 1900	
CITY-ST-ZIP	Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Council Commissioner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phil Johnson	
STREET ADDRESS	230 Vintage Circle, #103	
CITY-ST-ZIP	Naples, FL 34119	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Jeffrie A. Herrmann** 3/19/04 (305)364-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #