

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


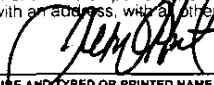
FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90076 029 ****70.00

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01042007 Chg-NP CR2E037 (12/06)

| | | | | | |
|---|------------------------|---|--|---|---|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-0637817 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired | | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HUNT, JEFFREY N 15255 NW 82ND AVE MIAMI LAKES, FL 33016 | | | Name | | |
| | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | C | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARAN, FERNANDO | | NAME | | |
| STREET ADDRESS | 255 UNIVERSITY DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUNT, JEFFREY N | | NAME | | |
| STREET ADDRESS | 15255 NW 82ND AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI LAKES, FL 33016 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISHER, JON D | | NAME | | |
| STREET ADDRESS | 1425 DORADO AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33146 | | CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ARAN, FERNANDO S | | NAME | Johnson, Phil | |
| STREET ADDRESS | 1409 URBINO AVE | | STREET ADDRESS | 7520 SW 58 Avenue | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | | CITY-ST-ZIP | Miami, FL 33143 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | Sanders, Douglas J. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANDERS, DOUGLAS J. | | NAME | 13627 Deering Bay Dr. | |
| STREET ADDRESS | P O BOX 145336 | | STREET ADDRESS | Suite 704 | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | CITY-ST-ZIP | CORAL GABLES, FL 33158 | |
| TITLE | CC | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILBER, NORMAN J | | NAME | | |
| STREET ADDRESS | 1232 PALERMO AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a true address, with a true like empowered. | | | | | |
| SIGNATURE:  | | JEFF HUNT | | 1/5/07 305-364-0020 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |