


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703581** (9)
1. Corporation Name
GULF RIDGE COUNCIL BOY SCOUTS OF AMERICA, INC.



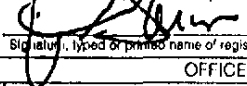
Principal Place of Business
**4410 BOY SCOUT BOULEVARD
TAMPA FL 33607
US**

Mailing Address
**4410 BOY SCOUT BLVD.
TAMPA FL 33607-5718
US**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/07/1962		3a. Date of Last Report 05/01/1996	
				4. FEI Number 59-0624406		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BARON, LES O. 4410 BOY SCOUT BLVD. TAMPA FL 33607				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  **Les Baron** **4/18/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE	11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STANTON, KENNETH D		12 NAME				
STREET ADDRESS	703 GAIL AVE.		13 STREET ADDRESS				
CITY-ST-ZIP	TEMPLE TERRACE FL		14 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAVA, JJOHN M.		22 NAME	Bava, John M.			
STREET ADDRESS	201 E. KENNEDY BLVD. STE 1200		23 STREET ADDRESS	201 E. Kennedy Blvd., Ste 1200			
CITY-ST-ZIP	TAMPA FL 33602-5117		24 CITY-ST-ZIP	Tampa, FL 33602-5117			
TITLE	SM	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARON, LES O.		32 NAME				
STREET ADDRESS	4410 BOY SCOUT BLVD		33 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607		34 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HYATT, KENNETH E.		42 NAME				
STREET ADDRESS	1500 DALE MABRY		43 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607		44 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	51 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEAL, GREGORY R		52 NAME	Deal Gregory R.			
STREET ADDRESS	230 S FLORIDA AVE		53 STREET ADDRESS	230 S. Florida Ave.			
CITY-ST-ZIP	LAKELAND FL		54 CITY-ST-ZIP	Lakeland, FL 33801-4622			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	61 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITTLESEY, JAMES M		62 NAME	Larson, Jan			
STREET ADDRESS	711 S DELEWARE AVE		63 STREET ADDRESS	P.O. Box 2640/400 N. Ashley St., Ste. 2800			
CITY-ST-ZIP	TAMPA FL		64 CITY-ST-ZIP	Tampa, FL 33602-4319 Tampa, FL 33601-2640			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)