

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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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
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3. Date Incorporated or Qualified 02/07/1962	4. FEI Number 59-0624406	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD STANTON, KENNETH D 703 GAIL AVE. TEMPLE TERRACE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BAVA, JOHN M 201 E. KENNEDY BLVD. STE 1200 TAMPA FL	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SM BARON, LES O. 4410 BOY SCOUT BLVD TAMPA FL 33607	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	VD HYATT, KENNETH E. 1500 DALE MABRY TAMPA FL 33607	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD DEAL, GREGORY R 230 S FLORIDA AVE LAKELAND FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD LARSON, JAN 400 N ASHLEY ST, 2800 TAMPA FL	2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4.1 TITLE	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	4.2 NAME	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	4.3 STREET ADDRESS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.4 CITY-ST-ZIP	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5.1 TITLE	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	5.2 NAME	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	6.1 TITLE	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6.3 STREET ADDRESS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD Michael L. Carrere P.O. Box 1690 Tampa, FL 33601	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

14. I 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.

SIGNATURE:  Les Baron 2/10/98 (813) 872-2691

CR2E037 (10/97)