

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 6:08

DOCUMENT # 703982 (9)
1. Corporation Name

**GULFCOAST GIRL SCOUT COUNCIL, INC.
GIRL SCOUTS OF GULFCOAST FLORIDA, INC.**

Principal Place of Business Mailing Address
2909 OLYMPIC STREET SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/01/1962** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-0760212** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLANTON, ELIZABETH, EXEC. DIRECTOR
2909 OLYMPIC ST.
SARASOTA FL 34231**

81 Name **DOROTHY GILLIAR, EXECUTIVE DIRECTOR**
82 Street Address (P.O. Box Number is Not Acceptable) **2909 OLYMPIC STREET**
83
84 City **SARASOTA** FL 85 Zip Code **34231**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Elizabeth Gilliar*

DATE **3-27-95**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLANTON, ELIZABETH 1824 STICKNEY POINT RD SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YOUNG, LYNDA 3005 SE 22ND PL CAPE CORAL FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLER, PENNY 4825 STONE RIDGE TRAIL SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RONK, JENNY 1404 SHADOW RIDGE CIRCLE SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LURTZ, JANE 401 BANNER AVENUE PORT CHARLOTTE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DERY, BONNY EADS 60 10TH STREET N. NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D DOROTHY GILLIAR 4940 GREENCROFT ROAD SARASOTA, FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	V ISABEL NORTON 1500 NORTH DRIVE SARASOTA, FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D LINDA EZZELL 2768 RYAN BLVD. PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. J. [Signature]*

(TYPE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR) (Date) (Signature) (Title)