**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # 703982**

GIRL SCOUTS OF GULFCOAST FLORIDA, INC.

Principal Place	of Busin
2909 OLYMPIC SARASOTA FL	-

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

2909 OLYMPIC STREET SARASOTA FL 34231

2a. Mailing Address

27

Suite, Apt. #, etc.

## **FILED** May 07, 1999 8:00 amg Secretary of State

05-07-1999 90074 019 \*\*\*\*70.00



3. Date Incorporated or Qualifed

05/01/1962 4. FEI Number

59-0760212

City & State	e	City & State			5. Certificate of Status Desired	(V)	75 Additional			
23		28				··	ee Required			
Zip	Country	Zip	Count	гу	6. Election Campaign Financing	1 1	.00 May Be			
24	25	29	30		Trust Fund Contribution	Ad	ded to Fees			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			8	1 Name						
STEWART,	, sandra		8	2 Street	Address (P.O. Box Number is Not Acceptable	e)				
2909 OLY			L							
	A FL342313) 84 , 1		8	3						
	5179 1 7511 370		8	4 City		85	Zip Code			
	a congress some and			'		FL "				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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	Signature, typed or printed name of registered agent a	al siste if an all sales	IOTS: Projetared Ac	ent eigenture	required when reinstating)	DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12			
TITLE	D STREETS THE	☐ DELETE	1.1 TITLE			Chi	ange Addition			
NAME	STEWART, SANDRA		1.2 NAM	<b>.</b>						
STREET ADDRESS	2616 BRITANNIA RD		1.3 STRE	ET ADDRESS			1			
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY	ST-ZIP						
TITLE	VP .	☐ DELETE				☐ Chi	ange Addition			
NAME	DAWSON, TAMMY		2.2 NAMI	<u> </u>			•			
STREET ADORESS	13515 2ND AVE		2.3 STRE	ET ADDRESS	1					
CITY-ST-ZIP	BRADENTON FL		2, 4 CITY	-ST-ZIP						
TITLE	T	<b>À</b> DELETE	3.1 TITLE		Treasurer	☐ Cha	ange 🔀 Addition			
NAME	SWINT, DAFFNEY MAHLER		32 NAMI	Ē	Susan Atherton					
STREET ADDRESS			3.3 STRE	ET ADDRESS	111133md.Avenue W					
CITY-ST-ZIP	SARASOTA FL 34236		3.4. CITY	-ST-ZIP	Bradenton Florida					
TITLE	D.	☐ DELETE	4.1 TITLE		Vice President	X) Ch	nange			
NAME	RONK, JENNY		4. 2 NAW	E	Trac Trestació					
STREET ADDRESS	1404 SHADOW RIDGE CIRCLE		4.3 STRE	ET ADDRESS						
CITY-ST-ZIP	SARASOTA FL		4.4 CITY	ST-ZIP						
TITLE	D	X) DELETE	5.1 TITLE	:	Secretary	□ Ch	nange Addition			
NAME	LURTZ, JANE		52 NAMI	≣	Marsha Alleman					
STREET ADDRESS	401 BANNER AVENUE		5.3 STRE	ETADDRESS	4100 Mariner Lane					
CiTY-ST-ZIP	PORT CHARLOTTE FL		5.4 CITY		Bonita Springs, Florid	a 3413 <u>4</u>				
TITLE	VP	☐ DELETE			President	<b>X</b> Ch	nange			
NAME	EZZELL, LINDA		6.2 NAM	E						
STREET ADDRESS	2768 RYAN BLVD.		6.3 STRE	ET AODRESS						
CITY-ST-ZIP	PUNTA GORDA FL		6.4 CITY							
14. I hereby o	certify that the information supplied with	this filing does not qualif	y for the exem	ption state	d in Section 119.07(3)(i), Florida Statutes. I fe	urther certify that	t 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, with all other like empowered.

SIGNATURE:

Applied For

X Not Applicable

\$8:75 Additional