FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 704171 (8)

1. Corporation Name
GIRL SCOUT COUNCIL OF TROPICAL FLORIDA, INC.

Principal Place of Business
11347 SW 160TH STREET
MIAMI FL 33157

Mailing Address
11347 SW 160TH STREET
MIAMI FL 33157

3. Date Incorporated or Qualified: 06/14/1962
3a. Date of Last Report: 01/23/1995
4. FEI Number: 59-0651087 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MESA, LILIAM AGUIAR
7600 WEST 20 AVE.
SUITE 101
HIALEAH FL 33016

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

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

TITLE	PD	☐ DELETE
NAME	MONZON-AGUIRRE	
STREET ADDRESS	10015 SW 12 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	☐ DELETE
NAME	FRAZIER, REGINA JOLLIVE	
STREET ADDRESS	1475 NW 12 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ DELETE
NAME	NEAL, BARBARA	
STREET ADDRESS	110 COLUMBUS DR.	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	VP	☐ DELETE
NAME	HEWITT, WANDA	
STREET ADDRESS	381 NE 84 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	MESA, LILIAM AGUIAR	
STREET ADDRESS	7600 W. 20 AVE. #101	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	☐ DELETE
NAME	HUMBERTSON, GRACE	
STREET ADDRESS	930 BELLE MEADE ISLAND	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	☐ Change	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	☐ Change	☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	☐ Change	☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Liliam Aguiar-Mesa Liliam Aguiar-Mesa 1-23-96 558-8964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)