

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704171** (8)  
1. Corporation Name  
**GIRL SCOUT COUNCIL OF TROPICAL FLORIDA, INC.**

Principal Place of Business <b>11347 SW 160TH STREET MIAMI FL 33157</b>	Mailing Address <b>11347 SW 160TH STREET MIAMI FL 33157</b>
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3. Date Incorporated or Qualified

**06/14/1962**

4. FEI Number

**59-0651087**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MONZON-AGUIRRE	
STREET ADDRESS	10015 SW 12 TERRACE	
CITY-ST-ZIP	MIAMI FL	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FRAZIER, REGINA JOLLIVE	
STREET ADDRESS	1475 NW 12 AVE.	
CITY-ST-ZIP	MIAMI FL	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NEAL, BARBARA	
STREET ADDRESS	110 COLUMBUS DR.	
CITY-ST-ZIP	ISLAMORADA FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	HEWITT, WANDA	
STREET ADDRESS	381 NE 84 STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MESA, LILIAM AGUIAR	
STREET ADDRESS	7600 W. 20 AVE. #101	
CITY-ST-ZIP	HIALEAH FL	

TITLE	S	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VA JUDITH SQUILANTE
3.3 STREET ADDRESS	2001 N.W. 107 AVE
3.4 CITY-ST-ZIP	MIAMI FL 33122

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Sandra B. Mortham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)