

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 # 719788 (2)
1. Corporation Name
PINELLAS AREA COUNCIL OF BOY SCOUTS OF AMERICA, INC.



Principal Place of Business
**11046 JOHNSON BLVD.
SEMINOLE FL 34642**

Mailing Address
**11046 JOHNSON BLVD.
SEMINOLE FL 34642**

3. Date Incorporated or Qualified
11/10/1970

3a. Date of Last Report
05/19/1995

| | | | | | | | | | |
|--------------------------------|--|---------------------|--|------------------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-0637815 | | Applied For <input type="checkbox"/> | | Not Applicable <input type="checkbox"/> | |
| 21 | | 26 | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | |
| 22 | | 27 | | | | | | | |
| City & State | | City & State | | | | | | | |
| 23 | | 28 | | | | | | | |
| Zip | | Country | | Zip | | Country | | | |
| 24 | | 25 | | 29 | | 30 | | | |
| | | | | | | | | | |

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

9. Name and Address of Current Registered Agent

**ROBINSON, WILLIAM A.
11046 JOHNSON BLVD.
SEMINOLE FL 34642**

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

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 | P <input type="checkbox"/> DELETE |
| NAME | WINLAND, GENE |
| STREET ADDRESS | 733 CAPTIVA COURT |
| CITY - ST - ZIP | ST PETERSBURG FL |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | ROBINSON, WILLIAM A. |
| STREET ADDRESS | 11046 JOHNSON BLVD. |
| CITY - ST - ZIP | SEMINOLE FL |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | SWAIN, ROBERT |
| STREET ADDRESS | 2130 FAIRWAY AVE., S |
| CITY - ST - ZIP | ST PETERSBURG FL |
| TITLE | TD <input checked="" type="checkbox"/> DELETE |
| NAME | STUART, RODERICK |
| STREET ADDRESS | 1539 RIDGEWOOD STREET |
| CITY - ST - ZIP | CLEARWATER FL |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | BLANCHARD, RAY |
| STREET ADDRESS | 78 CANAL DR. |
| CITY - ST - ZIP | PALM HARBOR FL 34683 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | BAILEY, MELINDA |
| STREET ADDRESS | 2918 PINE CONE CIRCLE |
| CITY - ST - ZIP | CLEARWATER 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | SMITH, JIM |
| 3.3 STREET ADDRESS | 315 Court Street |
| 3.4 CITY - ST - ZIP | Clearwater FL |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | THOMPSON, STEPHEN |
| 4.3 STREET ADDRESS | 4144 9th Avenue North |
| 4.4 CITY - ST - ZIP | St Petersburg FL |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | HARPER, REX |
| 5.3 STREET ADDRESS | 2111 Drew Street |
| 5.4 CITY - ST - ZIP | Clearwater FL |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | AQUIL, ASKIA MUHAMMAD |
| 6.3 STREET ADDRESS | 505 43rd Street South |
| 6.4 CITY - ST - ZIP | St Petersburg FL |

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: *William A. Robinson*

William A. Robinson

03/13/96

(813)391-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)