

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

Mailing Address

**11046 JOHNSON BLVD.
SEMINOLE FL 34642****11046 JOHNSON BLVD.
SEMINOLE FL 33772-4715**3. Date Incorporated or Qualified
11/10/19703a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**33772-4715****25****29****30**4. FEI Number
59-0637815Applied For
Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. 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

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

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL85 Zip Code
33772-4715

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|--|
| TITLE | P <input checked="" 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 | SMITH, JIM |
| STREET ADDRESS | 315 COURT STREET |
| CITY-ST-ZIP | CLEARWATER FL |
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | THOMPSON, STEPHEN |
| STREET ADDRESS | 4144 9TH AVENUE NORTH |
| CITY-ST-ZIP | ST PETERSBURG FL |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | HARPER, RES |
| STREET ADDRESS | 2111 DREW STREET |
| CITY-ST-ZIP | CLEARWATER FL |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | AQUIL, ASKIA MUHAMMAD |
| STREET ADDRESS | 505 43RD STREET SOUTH |
| CITY-ST-ZIP | ST PETERSBURG FL |

| | |
|--------------------|--|
| 1.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Smith, Jim |
| 1.3 STREET ADDRESS | 315 Court Street |
| 1.4 CITY-ST-ZIP | Clearwater FL 34616 |
| 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 | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Brown, Jared |
| 3.3 STREET ADDRESS | 121 North Osceola Ave |
| 3.4 CITY-ST-ZIP | Clearwater FL 34615 |
| 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 | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Willis Jr., Robert |
| 5.3 STREET ADDRESS | 259 3rd Street North |
| 5.4 CITY-ST-ZIP | St Petersburg FL 33701 |
| 6.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Romagnoli, George |
| 6.3 STREET ADDRESS | 7530 Little Road |
| 6.4 CITY-ST-ZIP | New Port Richey FL 34654 |

14. I do 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: *William A. Robinson* **REQUIRED** William A. Robinson 02/18/97 (813) 391-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051663

CR2E037 (9/96)