

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 719788

1. Entity Name
**WEST CENTRAL FLORIDA COUNCIL, INC., BOY SCOUTS
OF AMERICA**



Principal Place of Business
11046 JOHNSON BLVD.
SEMINOLE, FL 33772-4715 US

Mailing Address
11046 JOHNSON BLVD.
SEMINOLE, FL 33772-4715 US



01292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0637815

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, WILLIAM M
11046 JOHNSON BLVD
SEMINOLE, FL 33772

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DEMONTIGNY, JOSEPH N
STREET ADDRESS	5056 KERNWOOD CT
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	S
NAME	DAVIS, WILLIAM M
STREET ADDRESS	11046 JOHNSON BLVD
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	PD
NAME	RICHARDSON, DAN
STREET ADDRESS	1073 CLIPPERS WY
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VD
NAME	HAERTEL, DON
STREET ADDRESS	1940 EGRET DR
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	PD
NAME	GEIGER, AL
STREET ADDRESS	1179 SAN CARLOS AVE
CITY-ST-ZIP	SAINT PETERSBURG, FL 337022754
TITLE	VD
NAME	FERRARA, RAY
STREET ADDRESS	611 DRUID RD E, STE 105
CITY-ST-ZIP	CLEARWATER, FL 33756

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-08 727-391-3800

Date

Daytime Phone #