FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14858** **(7)**

1. Corporation Name

BOY SCOUT TROOP 403 OF ORMOND BEACH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ROBERT C. TINDELL ~~C/O IAN G. GURNEY~~ ~~6 ST. JOHNS PLACE~~ RIVERSIDE CR ORMOND BEACH FL 32176	ROBERT C. TINDELL ~~C/O IAN G. GURNEY~~ ~~6 ST. JOHNS PLACE~~ RIVERSIDE CR ORMOND BEACH FL 32176

3. Date Incorporated or Qualified: 05/09/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2002450 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

UPSON, MAGNOLIA J.
857 QUAIL RUN
ORMOND BEACH FL 32174

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BERNHARDT, CONRAD	12 NAME	
STREET ADDRESS	310 TULIP TREE LANE	13 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	CALDWELL, SARA Penelope Norton	22 NAME	
STREET ADDRESS	125 N RIDGEWOOD AVE 220 N. Beach St	23 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL Ormond Beach, Fl 32174	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ALLEN-SHINN, STEVE	32 NAME	
STREET ADDRESS	4 BARCELONA TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CIRILLO, JOSEPH	42 NAME	
STREET ADDRESS	12119 RIVER BREEZE BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	UPSON, MAGGIE	52 NAME	
STREET ADDRESS	857 QUAIL RUN	53 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ALLEN-SHINN, CATHY J.	62 NAME	
STREET ADDRESS	4 BARCELONA TRAIL	63 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	64 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)(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: Magnolia J Upson 4/30/95 904-677-3581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #