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

FILED
Apr 29, 1996 08:00 AM
Secretary of State

DOCUMENT # N14858

1. Corporation Name
Boy Scout Troop 403 of Ormond Beach, Inc.

Principal Place of Business
857 Quail Run
Ormond Beach, FL 32174

Mailing Address

3. Date Incorporated or Qualified: 05/09/1986
3a. Date of Last Report: 05/01/95

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Magnolia J. Upson
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 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 Magnolia J. Upson
Signature of officer 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 D NAME STREET ADDRESS CITY-ST-ZIP	BERNHARDT, CONRAD 310 TULIP TREE LN ORMOND BEACH, FL 32174	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	NORTON, PENELOPE 220 N. BEACH ORMOND BEACH, FL 32174	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	CIRILLO, JOSEPH 1219 RIVERBREEZE BLVD ORMOND BEACH, FL 32176	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	UPSON, MAGNOLIA J. 857 QUAIL RUN ORMOND BEACH, FL 32174	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	000001800040 -04/29/96--01130--012 ***61.25	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	KNIGHT STEPHEN 11 IROQUOIS TR. ORMOND BEACH, FL 32174	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

4-29-96

CR2E037 (12/95)

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: Magnolia J. Upson MAGNOLIA J. UPSON 4/24/96 904-677-3581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #