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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N14858 (7)

1. Corporation Name
BOY SCOUT TROOP 403 OF ORMOND BEACH, INC.

Principal Place of Business	Mailing Address
857 QUAIL RUN ORMOND BEACH FL 32174 US	857 QUAIL RUN ORMOND BEACH FL 32174 US

3. Date Incorporated or Qualified: 05/09/1986

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERNHARDT, CONRAD		1.2 NAME		
STREET ADDRESS	310 TULIP TREE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NORTON, PENELOPE		2.2 NAME		
STREET ADDRESS	220 N. BEACH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL 32174		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KNIGHT, STEPHEN		3.2 NAME		
STREET ADDRESS	11 IROQUOIS TR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CIRILLO, JOSEPH		4.2 NAME		
STREET ADDRESS	12119 RIVER BREEZE BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	UPSON, MAGNOLIA J.		5.2 NAME		
STREET ADDRESS	857 QUAIL RUN		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MEINHOLD, ROBERT		6.2 NAME		
STREET ADDRESS	373 NAVESO AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: SIGNATURE REQUIRED M. Upson J. Upson 4/29/98 Area Code & Daytime Phone Number 386-672-8556
SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR Date