FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90197 021 ****61.25

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DOCUMENT # N14858

1. Corporation Name

BOY SCOUT TROOP 403 OF ORMOND BEACH, INC.

507609 - 90197 - 21

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/09/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2002450 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	D	☐ Change ☑ Addition
NAME	BERNHARDT, CONRAD		1.2 NAME	RUIZ, MARK	
STREET ADDRESS	310 TULIP TREE LANE		1.3 STREET ADDRESS	1424 PRIMROSE LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	S	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	NORTON, PENELOPE		2.2 NAME	DANIEL CONE	
STREET ADDRESS	220 N. BEACH ST.		2.3 STREET ADDRESS	755 LAVERNA DR	
CITY-ST-ZIP	ORMOND BCH FL 32174		2.4 CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	KNIGHT, STEPHEN		3.2 NAME	RICHARD O. UPSON	
STREET ADDRESS	11 IROQUOIS TR.		3.3 STREET ADDRESS	857 QUAIL RUN	
CITY-ST-ZIP	ORMOND BEACH FL 32174		3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	☐ DELETE	4.1 TITLE	S	☐ Change ☑ Addition
NAME	CIRILLO, JOSEPH		4.2 NAME	JANETTE W RAKES	
STREET ADDRESS	12119 RIVER BREEZE BLVD.		4.3 STREET ADDRESS	359 WARWICK AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176		4.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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 (11/98)

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, with all other like empowered.

SIGNATURE: Magnolia J Upson SIGNATURE REQUIRED 4/29/99 904-677-3581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #