

**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

**DOCUMENT # N93000003273 (0)**

1. Corporation Name

**LONGWOOD SCOUTING ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

117 WEST WYNDHAM COURT  
LONGWOOD FL 32779

P.O. BOX 915176  
LONGWOOD FL 32791-5176

3. Date Incorporated or Qualified  
**07/21/1993**

3a. Date of Last Report  
**07/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-3310945**

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

10. Name and Address of New Registered Agent

**DAVIS, WINSTON R.  
117 WEST WYNDHAM COURT  
LONGWOOD FL 32779**

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

Signature, typed 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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BIRKEMEYER, KEITH V</b>	
STREET ADDRESS	<b>115 PINECREST DRIVE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, WINSTON R</b>	
STREET ADDRESS	<b>117 WEST WYNDHAM CT.</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NELSON, WALLY</b>	
STREET ADDRESS	<b>282 HAVERCLUB CT.</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEBLANC, JULIE</b>	
STREET ADDRESS	<b>1411 SUZANNE WAY</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHOWANIEC, JOHN H</b>	
STREET ADDRESS	<b>346 SHADOW BAY NORTH</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISS, JODY</b>	
STREET ADDRESS	<b>103 STEVENAGE CT.</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	

11 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>SWETT, ROBERT</b>	
13 STREET ADDRESS	<b>106 WYNDHAM CT</b>	
14 CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
21 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>SWETT, ELAINE</b>	
23 STREET ADDRESS	<b>106 WYNDHAM CT</b>	
24 CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
31 TITLE	<b>P/S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>DAVIS, WINSTON R.</b>	
33 STREET ADDRESS	<b>117 WEST WYNDHAM CT</b>	
34 CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(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: Winston R Davis **WINSTON R DAVIS** 5/27/96 (407) 869-6115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)