

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704171

Entity Name: GIRL SCOUT COUNCIL OF TROPICAL FLORIDA, INC.**Current Principal Place of Business:**11347 SW 160TH STREET
MIAMI, FL 33157**Current Mailing Address:**11347 SW 160TH STREET
MIAMI, FL 33157**FEI Number:** 59-0651087**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PASTROFF, NANCY
6420 SW 50 STREET
MIAMI, FL 33155 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** NANCY PASTROFF

02/08/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CB
Name HARDIMAN, JOHNETTE
Address 1350 NW 12 AVENUE
City-State-Zip: MIAMI FL 33136

Title 1VC
Name MCLEAN, GEORGIA
Address 11911 SW 79 TERRACE
City-State-Zip: MIAMI FL 33183

Title 2VC
Name BALDYGA, CAROLANN
Address 13751 SW 71 LANE
City-State-Zip: MIAMI FL 33183

Title 3VC
Name PLUNKETT, JACK JR.
Address 6125 SW 133 STREET
City-State-Zip: MIAMI FL 33156

Title TD
Name PASTROFF, NANCY
Address 201 ALHAMBRA CIRCLE SUITE 501
City-State-Zip: CORAL GABLES FL 33134

Title SD
Name WINGARD, MARGARET
Address 10441 SW 115 STREET
City-State-Zip: MIAMI FL 33176

Title CEOD
Name WILKERSON, CHELSEA
Address 11347 SW 160TH STREET
City-State-Zip: MIAMI FL 33157

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARGARET WINGARD**BOARD SECRETARY**

02/08/2018

Electronic Signature of Signing Officer/Director Detail

Date