SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 9:47

DOCUMENT # 700170 (4)

1. Corporation Name
GIRL SCOUT COUNCIL OF THE APALACHEE BEND INC.

Principal Place of Business	Mailing Address
250 PINEWOOD DRIVE TALLAHASSEE FL 32303	250 PINEWOOD DRIVE TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1959
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-0760209 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $5.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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

CHIVERS, PATRICIA
250 PINEWOOD DRIVE
TALLAHASSEE FL 32301

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	PBOD	11 TITLE	PBOD	☒ Change ☐ Addition
NAME	NASH-NNAJI, BEVERLY	12 NAME	Beverly Nash	
STREET ADDRESS	1908 ERMINE COURT	13 STREET ADDRESS	2433 Eddie Road	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	14 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	VBOD	21 TITLE	VBBOD	☒ Change ☐ Addition
NAME	GRAHAM, JACQUI	22 NAME	Nancy Duden	
STREET ADDRESS	1192 LOVERS LANE	23 STREET ADDRESS	4130 Deer Lane Dr.	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	VPD	31 TITLE	VPD	☒ Change ☐ Addition
NAME	GEIL, MARGARET (PEGGY)	32 NAME	Dot Inman-Crews	
STREET ADDRESS	2714 RUTGERS DRIVE	33 STREET ADDRESS	FSU - 3025	
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP	Tallahassee, FL 32306	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	MCMILLAN, SUELLA P.	42 NAME	Paula Kiger	
STREET ADDRESS	627 MAGNOLIA AVENUE	43 STREET ADDRESS	1854 Meriador Ct.	
CITY-ST-ZIP	BLOUNTSTOWN FL	44 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	BOTTCHER, JOHN C.	52 NAME		
STREET ADDRESS	RT. 3, BOX 23	53 STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CHIVERS, PATRICIA	62 NAME		
STREET ADDRESS	250 PINEWOOD DR.	63 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000	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: Patricia Chivers (Patricia Chivers) 6/6/95 904-586-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002670

COPE037 (3/95)