

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 # 700170 (4)

1. Corporation Name

GIRL SCOUT COUNCIL OF THE APALACHEE BEND INC.

Principal Place of Business

250 PINWOOD DRIVE
TALLAHASSEE FL 32303

Mailing Address

250 PINWOOD DRIVE
TALLAHASSEE FL 32303



3. Date Incorporated or Qualified
11/19/1959

3a. Date of Last Report
06/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-0760209

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

**CHIVERS, PATRICIA
250 PINWOOD 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PBOD** ☒ DELETE
NAME **NASH, BEVERLY**
STREET ADDRESS **2433 EDDIE RD**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE **VBOD** ☒ DELETE
NAME **DUDEN, NANCY**
STREET ADDRESS **4130 DEER LANE DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VPD** ☒ DELETE
NAME **INMAN-CREWS, DOT**
STREET ADDRESS **FSU-3025**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **SD** ☐ DELETE
NAME **KIGER, PAULA**
STREET ADDRESS **1854 MERIADOR CT**
CITY-ST-ZIP **BLOUNTSTOWN FL**

TITLE **TD** ☐ DELETE
NAME **BOTTCHER, JOHN C.**
STREET ADDRESS **RT. 3, BOX 23**
CITY-ST-ZIP **MONTICELLO FL**

TITLE **D** ☐ DELETE
NAME **CHIVERS, PATRICIA**
STREET ADDRESS **250 PINWOOD DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PBOD** ☒ Change ☐ Addition
1.2 NAME **Inman-Crews, Dot**
1.3 STREET ADDRESS **FSU - 3025**
1.4 CITY-ST-ZIP **Tallahassee, FL 32306**

2.1 TITLE **Vacant** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **Vacant** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

(904) 386-2131

Date

Daytime Phone #

CR2E037 (12/95)