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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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 Mailing Address  
**250 PINWOOD DRIVE TALLAHASSEE FL 32303** **250 PINWOOD DRIVE TALLAHASSEE FL 32303-4838**



3. Date Incorporated or Qualified **11/19/1959** 3a. Date of Last Report **02/09/1996**  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHIVERS, PATRICIA  
250 PINWOOD DRIVE  
TALLAHASSEE FL 32301**

81 Name **Merline J. Harbin**  
82 Street Address (P.O. Box Number is Not Acceptable) **250 Pinewood Dr.**  
83  
84 City **Tallahassee** FL 85 Zip Code **32303**

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

*Merline J. Harbin*

**1-29-97**

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 ☐ DELETE  
NAME **PBOD**  
STREET ADDRESS **INMAN-CREWS, DOT**  
CITY-ST-ZIP **FSU -3025 TALLAHASSEE FL**  
TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **KIGER, PAULA**  
CITY-ST-ZIP **1854 MERIADOR CT BLOUNTSTOWN FL**  
TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **BOTTCHER, JOHN C.**  
CITY-ST-ZIP **RT. 3, BOX 23 MONTICELLO FL**  
TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **CHIVERS, PATRICIA**  
CITY-ST-ZIP **250 PINWOOD DR. TALLAHASSEE, FL 00000**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **200002077742--9**  
2.3 STREET ADDRESS **-02/05/97--01006--005**  
2.4 CITY-ST-ZIP **\*\*\*\*\*61.25 \*\*\*\*\*61.25**  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **Director**  
4.3 STREET ADDRESS **Merline J. Harbin**  
4.4 CITY-ST-ZIP **250 Pinewood Dr. Tallahassee, FL 32303**  
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 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.

SIGNATURE: *Merline J. Harbin* REQUIRED

**1-29-97**

Date

Daytime Phone # **none**

CP2E037 (9/96)