FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	JAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS			ONS	Secretary of Sta	ate
1. Corporatio		700170	` '					
GIHL	SCOUT COUR	NCIL OF THE AP	ALACHEE BEND INC.					
Principal Plac	e of Business		Mailing Address				- LINGSTAN KARALL ARTIN BOLDI ANDLI ANDIN BASIN DAETA BARALL DIRETE WARRE DIN	
250 PINEWOOD DRIVE TALLAHASSEE FL 32303			250 PINEWOOD DRIVE TALLAHASSEE FL 32303			3. Date Incorporated or Qualified 11/19/1959 4. FEI Number Applied	l For	
9 Principal P	lace of Business		2a. Mailing Address				4	plicable
21	IZCO OI DUSTITOSS		26				5. Certificate of Status Desired See Require	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May I	
22			27				Trust Fund Contribution Added to Fee	
City & Stat	e		City & State				7. Is this nonprofit corporation a homeowners association?	
Zip	-	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangit	ole
24	25			30			Personal Property Tax due June 30. Yes No	
	9. Name and	Address of Current F	Registered Agent		81	Name	10. Name and Address of New Registered Agent	
LIADONI	, MERLINE J			Ľ	91	ivame		
		[82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
250 PINEWOOD DR TALLAHASSEE FL 32301				1	83			
17.00 41		•		Į.	84	O'A	last 7- Outs	
				,	84	City	FL 85 Zip Code	
agent. I a	to the provisions of registered agent, of im familiar with, ar	of Sections 617.0502 a or both, in the State of ad accept the obligation	and 617,1508, Florida Statutes Florida. Such change was au ons of, Section 617,0503, Flor	s, the ab thorized da Statu	ove I by Ites	-named corp the corporati	poration submits this statement for the purpose of changing its reg tion's board of directors. I hereby accept the appointment as regis	istered tered
SIGNATURE .	Signature, typed or prin	ted name of registered agent a	ind title if applicable. (NOTE:	Registered	Ager	nt signature require	red when reinstating) DATE	
12.		OFFICERS AND D		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PBOD DELETE			1.1 TITLE		Change	Addition	
NAME	INMAN-CREWS, DOT			1.2 NAME				
STREET ADDRESS	FSU -3025 TALLAHASSI	EC EI				ADDRESS		
CITY-ST-ZIP TITLE	SD SD		☐ DELETË	1.4 CIT		- ZIP	Change	Addition
NAME	KIGER, PAU	.A		2.2 NA)		Į.		
STREET ADDRESS	1854 MERIA					ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN FL			2. 4 C(T	Y-S1	T-ZIP		
TITLE	TD		☐ DELETE	3.1 TITL	LE		Change	Addition
NAME	BOTTCHER, JOHN C		3.2 NAME					
STREET ADDRESS	RT. 3, BOX 23 MONTICELLO FL		3.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		D DELETE			3.4. CITY-ST-ZIP 4.1 Title		☐ Change	Addition
NAME	-	HARBIN, MERLINE J		4. 2 NAME				Addition
STREET ADDRESS	250 PINEWO					ADDRESS		
CITY-ST-ZIP	TALLAHASSI			4.4 CIT		1		
TITLE	_		☐ DELETE	5.1 TITI			Change	Addition
NAME				5.2 NAN	ΝE			
STREET ADDRESS				5.3 STR	EET A	ADDRESS		
CITY-ST-ZIP			Driver	5.4 CITY		- ZIP	The state of the s	A statistics
TITLE			☐ DELETE	6.1 TITL			Change	Addition
NAME				6.2 NAN		******		
STREET ADDRESS				6.3 STR	EET A	ADDRESS		

14. I 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.

Phone 386-2131 Phone- 386-2131

Evecutive Director

FILED

Feb 09 1998 8:00am