


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90015 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 700170					
1. Corporation Name GIRL SCOUT COUNCIL OF THE APALACHEE BEND INC.					
Principal Place of Business 250 PINEWOOD DRIVE TALLAHASSEE FL 32303			Mailing Address 250 PINEWOOD DRIVE TALLAHASSEE FL 32303		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/19/1959	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-0760209	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30			

9. Name and Address of Current Registered Agent HARBIN, MERLINE J 250 PINEWOOD DR 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	
				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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	INMAN-CREWS, DOT			1.2 NAME			
STREET ADDRESS	FSU -3025			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIGER, PAULA			2.2 NAME	Paige Carter-Smith		
STREET ADDRESS	1854 MERIADOR CT			2.3 STREET ADDRESS	5220 Buck Lake Rd.		
CITY-ST-ZIP	BLOUNTSTOWN FL			2.4 CITY-ST-ZIP	Tallahassee, FL 32311		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOTTCHEER, JOHN C			3.2 NAME	Linda Alexionok		
STREET ADDRESS	RT. 3, BOX 23			3.3 STREET ADDRESS	2212 Woodlawn Drive		
CITY-ST-ZIP	MONTECELLO FL			3.4 CITY-ST-ZIP	Tallahassee, FL 32303		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARBIN, MERLINE J			4.2 NAME			
STREET ADDRESS	250 PINEWOOD DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: Merline J. Harbin **SIGNATURE REQUIRED** Merline J. Harbin Executive Dir. (850) 386-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)