

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 21 AM 8:00



DOCUMENT # 700170

1. Entity 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05132004 Chg-NP CR2E037 (10/03) *MRD*

City & State

City & State

4. FEI Number
59-0760209

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, NORMA
250 PINWOOD DRIVE
TALLAHASSEE, FL 32303

Name *Keith Roberts*

Street Address (P.O. Box Number is Not Acceptable)

250 Pinewood Drive

City *Tallahassee*

FL

Zip Code *32303*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Keith M. Roberts *Keith M. Roberts*

5/16/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JAN	
STREET ADDRESS	930 THOMASVILLE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHARPE, KARUSHA	
STREET ADDRESS	106 E COLLEGE AVE #900	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARRISH, NORMA	
STREET ADDRESS	250 PINWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARLAND, MARVIN	
STREET ADDRESS	3773 COMMONWEALTH AVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KATHY, BELL	
STREET ADDRESS	503 MCDANIEL STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCE, STERLING	
STREET ADDRESS	10873 LUNA POINT ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Keith Roberts</i>	
STREET ADDRESS	<i>4217 Ben Boulevard</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32303</i>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Danielle Owens</i>	
STREET ADDRESS	<i>1718 Ferndale Place</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32301</i>	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Ernie Sparkman</i>	
STREET ADDRESS	<i>108 Elizabeth Lane</i>	
CITY-ST-ZIP	<i>Perry, FL 32348</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

400037625944

06/03/04--01032--027 **61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Keith M. Roberts *Keith M. Roberts* *5/16/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #