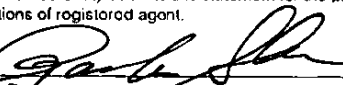
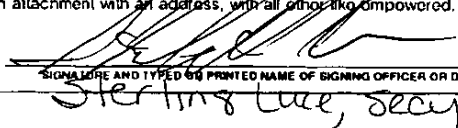


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-02-2007 90009 024 ****70.00

DOCUMENT # 700170 1. Entity 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E037 (10/06)	
City & State		City & State		4. FEI Number 59-0760209	
Zip Country		Zip Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, RASLEAN 250 PINEWOOD DRIVE TALLAHASSEE FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Signature, typed or printed name of registered agent and title if applicable		Raslean M. Allen (NOTE: Registered Agent signature required when registering)		1-26-07 DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ROBERTS, KEITH 4217 BEN BOULEVARD TALLAHASSEE FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Treasurer Hinz, Julie-Boyle 64 John David Dr. Crawfordville, FL 32327	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S LUCE, STERLING 10873 LUNA POINT ROAD TALLAHASSEE FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Chief Executive Officer Allen, Raslean, M 1631 Osprey Pointe Dr. Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T GARLAND, MARVIN 3773 COMMONWEALTH AVENUE TALLAHASSEE FL 32303	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V OWENS, DANIELLE 1718 FERNDAL PLACE TALLAHASSEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V SPARKMAN, ERNIE 108 ELIZABETH LANE PERRY FL 32348	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V GEIL, PEGGY 2714 RUTGERS DRIVE PANAMA CITY FL 32405	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-16-07 850-297-6024 Date Daytime Phone		