

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700662 (0)

1. Corporation Name

THE HEART OF FLORIDA GIRL SCOUT COUNCIL, INC.

Principal Place of Business

Mailing Address

1831 N GILMORE AVENUE
LAKELAND FL 33805
US1831 N GILMORE AVENUE
LAKELAND FL 33805-3017
US3. Date Incorporated or Qualified
03/22/19603a. Date of Last Report
05/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, CAROL J
1312 MIRROR TERRACE NW
WINTER HAVEN FL 33881

81 Name

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

83

84 City

FL

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

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 PD
NAME CHILTON, NANCY
STREET ADDRESS 1312 MIRROR TERRACE NW
CITY-ST-ZIP WINTER HAVEN FL 33881☐ DELETE1.1 TITLE PD
1.2 NAME CARTER, CAROL J
1.3 STREET ADDRESS 1312 MIRROR TERRACE NW
1.4 CITY-ST-ZIP WINTER HAVEN FL 33881☒ Change ☐ AdditionTITLE VD
NAME BARTON, DOLORES
STREET ADDRESS 301 W LAKE SUMMIT DR
CITY-ST-ZIP WINTER HAVEN FL 33884☒ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE VD
NAME MOORE, KEM
STREET ADDRESS 2012 SEMINOLE TRAIL
CITY-ST-ZIP LAKELAND FL 33803☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE SD
NAME MOORE, PAULINE
STREET ADDRESS 854 N GULF AVE.
CITY-ST-ZIP CRYSTAL RIVER FL 34429☒ DELETE4.1 TITLE SD
4.2 NAME GARDNER, MARY ELLEN
4.3 STREET ADDRESS 5207 SE 106TH LANE
4.4 CITY-ST-ZIP BELLEVIEW, FL 34420☐ Change ☒ AdditionTITLE TD
NAME HARRIS, VIRGINIA C.
STREET ADDRESS 4405 HALLAMVIEW LANE
CITY-ST-ZIP LAKELAND FL 33813☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-97

(941) 299-4253

Date

Daytime Phone # 0052753

CR2E037 (9/96)