

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700662

FILED
Mar 28, 2007
Secretary of State

Entity Name: GIRL SCOUTS - HEART OF FLORIDA COUNCIL, INC.

Current Principal Place of Business:

1831 N GILMORE AVENUE
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

1831 N GILMORE AVENUE
LAKELAND, FL 33805 US

New Mailing Address:

FEI Number: 59-0895909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITA, SEYMORE F
892 SW 35 LANE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEETS, SANDRA G
Address: 92 LAKE WIRE DRIVE
City-St-Zip: LAKELAND, FL 33802 20

Title: VD () Delete
Name: MCPHAIL-TAYLOR, SUSAN
Address: 131 3RD STREET SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: SD () Delete
Name: WHITMER, PAT
Address: 106 TIMBER LANE
City-St-Zip: YALAHUA, FL 34797

Title: TD () Delete
Name: HARRIS, VIRGINIA
Address: 924 WEDGEWOOD LANE
City-St-Zip: LAKELAND, FL 33813

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHEETS, SANDRA G
Address: 2115 HARDEN BLVD.
City-St-Zip: LAKELAND, FL 33803

Title: VD (X) Change () Addition
Name: MCPHAIL-TAYLOR, SUSAN
Address: P. O. BOX 141
City-St-Zip: EAGLE LAKE, FL 33839

Title: SD (X) Change () Addition
Name: LOUISVILLE, MARVA
Address: 221 OLD SPANISH WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD (X) Change () Addition
Name: HARRIS, VIRGINIA
Address: 720 S. MISSOURI AVE.
City-St-Zip: LAKELAND, FL 33815

Title: CFO () Change (X) Addition
Name: MARKHAM, SHARON
Address: 5811 HOLLYHOCK DR.
City-St-Zip: LAKELAND, FL 33813

Title: CEO () Change (X) Addition
Name: OWEN, KATHRYN
Address: 995 S. KISSINGEN AVE.
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON MARKHAM

CFO

03/28/2007

Electronic Signature of Signing Officer or Director

Date