FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701024 (2)

1. Corporation Name
GATEWAY GIRL SCOUT COUNCIL INCORPORATED

Principal Place of Business
1000 SHEARER STREET
JACKSONVILLE FL 32205-6055

Mailing Address
1000 SHEARER STREET
JACKSONVILLE FL 32205-6055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1960
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-0637857 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip · 25 Country	29 Zip · 30 Country

9. Name and Address of Current Registered Agent

TYSVER, SANDRA B
6910 BAKERSFIELD DR.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	SD	1.1 TITLE	TD ☒ Change ☐ Addition
NAME	WHITE, GEORGIA	1.2 NAME	WHITE, GEORGIA
STREET ADDRESS	2310 SHIPWRECK CIRCLE W.	1.3 STREET ADDRESS	14750 BEACH BOULEVARD #19
CITY ST ZIP	JACKSONVILLE, FL 00000	1.4 CITY ST ZIP	JACKSONVILLE, FL 32250
TITLE	TD	2.1 TITLE	SD ☐ Change ☒ Addition
NAME	RADER, DAVID	2.2 NAME	WILLIAMSON, BEVERLY
STREET ADDRESS	10938 CROSSWICKS RD.	2.3 STREET ADDRESS	10317 RIPPLE RUSH DRIVE WEST
CITY ST ZIP	JACKSONVILLE FL 32256	2.4 CITY ST ZIP	JACKSONVILLE, FL 32257
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	RUSSELL, CLOVIA	3.2 NAME	
STREET ADDRESS	3329 PEELER ROAD	3.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	3.4 CITY ST ZIP	32211
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	STIEHL, RUTH DR.	4.2 NAME	
STREET ADDRESS	1811 TWELVE OAKS LANE DRIVE	4.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32216	4.4 CITY ST ZIP	NEPTUNE BEACH, FL 32266
TITLE	VD	5.1 TITLE	☒ Change ☐ Addition
NAME	BREMER, CHRISTY	5.2 NAME	
STREET ADDRESS	2430 BUTTONWOOD DRIVE	5.3 STREET ADDRESS	4035 DUVAL DRIVE
CITY ST ZIP	JACKSONVILLE FL 32216	5.4 CITY ST ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	PD	6.1 TITLE	☐ Change ☐ Addition
NAME	RODGERS, SUSAN L.	6.2 NAME	
STREET ADDRESS	851 BEACH AVE.	6.3 STREET ADDRESS	
CITY ST ZIP	ATLANTIC BEACH FL 32233	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: SUSAN L. RODGERS, PRESIDENT (904) 727-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024030