

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 701024 (2)

1. Corporation Name

GATEWAY GIRL SCOUT COUNCIL INCORPORATED

Principal Place of Business

Mailing Address

000 SHEARER STREET
JACKSONVILLE FL 32205-6055

1000 SHEARER STREET
JACKSONVILLE FL 32205-6055



3. Date Incorporated or Qualified
05/31/1960

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TYSVER, SANDRA B
6010 BAKERSFIELD DR.
JACKSONVILLE FL 32210

81 Name Tysver, Sandra B.

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

83 1000 Shearer Street

84 City Jacksonville FL 85 Zip Code 32203

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 TD
NAME WHITE, GEORGIA
STREET ADDRESS 14750 BEACH BOULEVARD #19
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☒ DELETE

1.1 TITLE VP
1.2 NAME Lipsky, JAN
1.3 STREET ADDRESS 3813 Tree Lake Dr
1.4 CITY-ST-ZIP Jacksonville FL 32257 ☐ Change ☒ Addition

TITLE SD
NAME WILLIAMSON, BEVERLY
STREET ADDRESS 10317 RIPPLE RUSH DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME COHEN, CAROLYN W.
STREET ADDRESS 4217 POINT LA VISTA ROAD
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME STIEHL, RUTH DR.
STREET ADDRESS 1811 TWELVE OAKS LANE DRIVE
CITY-ST-ZIP NEPTUNE BEACH FL ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME BREMER, CHRISTY
STREET ADDRESS 4035 DUVAL DRIVE
CITY-ST-ZIP JACKSONVILLE BEACH FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME RODGERS, SUSAN L.
STREET ADDRESS 851 BEACH AVE.
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ DELETE

6.1 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 S. Tysver Sandra B. Tysver 4/25/97 (904) 388-4653

CR2E037 (9/96)