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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

05/31/1960

4. FEI Number

59-0637857

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

N/A

9. Name and Address of Current Registered Agent

**TYSVER, SANDRA B
1000 SHEARER ST
JACKSONVILLE FL 32205**

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 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

TITLE ☐ DELETE

NAME **VD**
LIPSKY, JAN
STREET ADDRESS **3813 TREE LAKE DR**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Jan Lipsky, President

4/24/98 (904) 388-4653

CP2E037 (10/97)