

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701024

FILED
Mar 16, 2004
Secretary of State

Entity Name: GIRL SCOUTS OF GATEWAY COUNCIL, INC.

Current Principal Place of Business:

1000 SHEARER STREET
JACKSONVILLE, FL 322056055

New Principal Place of Business:

Current Mailing Address:

1000 SHEARER STREET
JACKSONVILLE, FL 322056055

New Mailing Address:

FEI Number: 59-0637857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYSVER, SANDRA B
1000 SHEARER ST
JACKSONVILLE, FL 32205 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: LIPSKY, JAN
Address: 3813 TREE LAKE DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD () Delete
Name: MURROW, LINDA
Address: 45 EAGLE COVE COURT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD () Delete
Name: HAUSMAN, B J
Address: 639 WYNDHAM CT
City-St-Zip: ORANGE PARK, FL 32073

Title: SD () Delete
Name: GORDON, BETH
Address: 4824 APACHE AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: NOWLAN, MICHAEL
Address: 113 BOUGANVILLA DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD () Delete
Name: RICHARDSON, JAMES
Address: 2054 RIVERSIDE AVENUE, #6201
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAN LIPSKY

PD

03/16/2004

Electronic Signature of Signing Officer or Director

Date