


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90004 045 ****70.00

| | |
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| DOCUMENT # 703581 |  |
| 1. Entity Name GULF RIDGE COUNCIL, INC., BOY SCOUTS OF AMERICA | |

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|---|---|
| Principal Place of Business 4410 BOY SCOUT BOULEVARD TAMPA, FL 33607 US | Mailing Address 4410 BOY SCOUT BLVD. TAMPA, FL 33607 US |
|---|---|

54015056



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

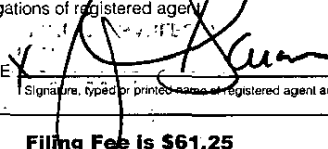
01062004 Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-0624406 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

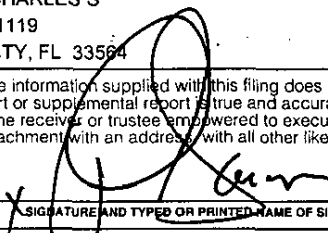
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| 6. Name and Address of Current Registered Agent | |
| BARON, LES O. 4410 BOY SCOUT BLVD. TAMPA, FL 33607 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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|---|--------------------|
| 8. 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE 1/8/04 |
| (NOTE: Registered Agent signature required when reinstating) | |

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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|----------------------|---|--|
| TITLE | VD | TITLE | |
| NAME | HILL, LEWIS H III | NAME | |
| STREET ADDRESS | P.O. BOX 3391 | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 33601 | CITY-ST-ZIP | |
| TITLE | P | TITLE | |
| NAME | MONCRIEF, LEE | NAME | |
| STREET ADDRESS | P.O. BOX 21587 | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 33622 | CITY-ST-ZIP | |
| TITLE | SM | TITLE | |
| NAME | BARON, LES O. | NAME | |
| STREET ADDRESS | 4410 BOY SCOUT BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 33607 | CITY-ST-ZIP | |
| TITLE | VD | TITLE | |
| NAME | HYATT, KENNETH E. | NAME | |
| STREET ADDRESS | 1500 DALE MABRY | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 33607 | CITY-ST-ZIP | |
| TITLE | VD | TITLE | |
| NAME | DEAL, GREGORY R. | NAME | |
| STREET ADDRESS | 230 S FLORIDA AVE | STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND, FL | CITY-ST-ZIP | |
| TITLE | TD | TITLE | |
| NAME | WHITE, CHARLES S | NAME | |
| STREET ADDRESS | PO BOX 1119 | STREET ADDRESS | |
| CITY-ST-ZIP | PLANT CITY, FL 33564 | CITY-ST-ZIP | |

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| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | |
| SIGNATURE:  | DATE 1/8/04 DAYTIME PHONE 813-872-2691 |
| (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) | |