2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # 703581

1. Entity Name

GULF RIDGE COUNCIL, INC., BOY SCOUTS OF **AMERICA**



03-19-2007 90063 016 ****70.00

Mar 19, 2007 8:00 am Secretary of State

FILED

Principal Place of Business

13228 N. CENTRAL AVENUE TAMPA, FL 33612 US

Mailing Address

13228 N. CENTRAL AVENUE TAMPA, FL 33612 US



01092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-0624406 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENNER, WARREN M 13228 N.CENTRAL AVENUE TAMPA, FL 33612

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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.						
V W W GETTS Warrens Wenner 2/20/017						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan Trust Fund Contribution.	cing .	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, LEWIS H III P.O. BOX 3391 TAMPA, FL 33601					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM WENNER, WARREN 13228 N. CENTRAL AVENUE TAMPA, FL 33612					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HYATT, KENNETH E CORPORATE 1 CTR.2202 N.WESTSHORE BLVD#200 TAMPA, FL 33607 VD BROWNING, KURT 15735 JESSAMINE ROAD DADE CITY, FL 33523 VD WHITE, CHARLES S PO BOX 1119 PLANT CITY, FL 33564 P			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·	
TITLE						
NAME	ALTENBERND, CHRIS					
STREET ADDRESS CITY-ST-ZIP	61 LAGOGA AVENUE TAMPA, FL 33606	;				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						
indicated on this report or suppliered that the and accurate and that my signature shall have the same legal effect as if made under out: 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SURVING OFFICER OR DIRECTOR

Warren Wenner

(813) 872-2691

Date