

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # 703581

1. Entity Name
GULF RIDGE COUNCIL, INC., BOY SCOUTS OF AMERICA



Principal Place of Business
**13228 N. CENTRAL AVENUE
TAMPA, FL 33612 US**

Mailing Address
**13228 N. CENTRAL AVENUE
TAMPA, FL 33612 US**



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *3/5/08*

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000882003
04/16/08 80023 010 70.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWNING, KURT 15735 JESSAMINE ROAD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, CHARLES S. PO BOX 1119 PLANT CITY, FL 33564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALTENBERND, CHRIS 61 LAGOGA AVENUE TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/5/08*

Daytime Phone #