

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703982

FILED
Apr 02, 2009
Secretary of State

Entity Name: GIRL SCOUTS OF GULFCOAST FLORIDA, INC.

Current Principal Place of Business:

4780 CATTLEMEN RD.
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4780 CATTLEMEN RD.
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 59-0760212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, SANDRA CEO
4780 CATTLEMEN ROAD
SARASOTA, FL 34233 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: D () Delete
Name: STEWART, SANDRA CEO
Address: 5524 BILBAO PLACE
City-St-Zip: SARASOTA, FL 34238

Title: P () Delete
Name: GETZEN, LINDA
Address: 200 SOUTH ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: GORSKI, NANCY
Address: 4464 TRAILS DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: ATHERTON, SUSAN
Address: 771 OLD COMPASS ROAD
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: DUFF, BEVERLY
Address: 3705 MCKINLEY AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: VP () Delete
Name: CARRASQUILLO, ANN
Address: 3812 HIDDEN ACRES CIRCLE
City-St-Zip: SARASOTA, FL 33903

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:

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

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

Title: VP (X) Change () Addition
Name: HILL, CECELIA
Address: 23217 MCCANDLESS AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SANDRA STEWART

D

04/02/2009

Electronic Signature of Signing Officer or Director

Date