


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 704171


1. Entity Name
GIRL SCOUT COUNCIL OF TROPICAL FLORIDA, INC.



Principal Place of Business
11347 SW 160TH STREET
MIAMI, FL 33157

Mailing Address
11347 SW 160TH STREET
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0651087	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASTROFF, NANCY
7400 SW 50TH TERRACE
SUITE 304
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

B. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000801899
01/31/08-80035-017 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB BAGUE, IRELA 15 MADEIRA AVE SUITE 6 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VC DICKENS, VERANDA 5284 FISHER ISLAND DR FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VC WALBY, LILLIAN A 7550 SW 173RD ST MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VC HEWITT, WANDA 381 NE 84 STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PASTROFF, NANCY 7400 SW 50TH TERRACE SUITE 304 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMERO, ELSIE 2 ALHAMBRA PLAZA SUITE 500 CORAL GABLES, FL 33134

**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: Wanda B. Hewitt WANDA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: ITT 01/09/08 Daytime Phone #: (305) 904-4418