

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706278 (9)

1. Corporation Name

SUWANNEE RIVER AREA COUNCIL OF THE BOY SCOUTS OF
AMERICA, INC.

Principal Place of Business

2729 W. PENSACOLA ST
TALLAHASSEE FL 32304-2907

Mailing Address

2729 W. PENSACOLA ST
TALLAHASSEE FL 32304-2907



3. Date Incorporated or Qualified
10/11/1963

3a. Date of Last Report
12/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-0624370

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINDMAN, ANDREW L
2729 W PENSACOLA ST
TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PPD ☐ DELETE
NAME ROTHER, ALBERT J.
STREET ADDRESS 4765 KNOLLWOOD DR.
CITY - ST - ZIP TALLAHASSEE FL

TITLE VD ☐ DELETE
NAME WHITE, DAVID
STREET ADDRESS 727 RHODEN COVE ROAD
CITY - ST - ZIP TALLAHASSEE FL 32312

TITLE SD ☐ DELETE
NAME HINDMAN, ANDREW L.
STREET ADDRESS 2729 W PENSACOLA ST
CITY - ST - ZIP TALLAHASSEE FL

TITLE VD ☐ DELETE
NAME WEBSTER, PETER D.
STREET ADDRESS 301 MARTIN LUTHER KING BLVD
CITY - ST - ZIP TALLAHASSEE FL

TITLE TD ☐ DELETE
NAME MCCALL, FRANCIS, JR.
STREET ADDRESS 321 N. 9TH ST.
CITY - ST - ZIP QUINCY FL

TITLE PD ☐ DELETE
NAME JOHNSON, IVAN III
STREET ADDRESS 525 E. CALL ST.
CITY - ST - ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Date

Daytime Phone #

CR2E037 (12/95)