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Jun 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

Mailing Address

2729 W. PENSACOLA ST  
TALLAHASSEE FL 32304-2907

2729 W. PENSACOLA ST  
TALLAHASSEE FL 32304-2907

3. Date incorporated or Qualified  
10/11/1963

3a. Date of Last Report  
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

SANDERS, N. PALMER

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

2729 W PENSACOLA ST

83 TALLAHASSEE, FL. 32304

84 City

TALLAHASSEE

FL

85 Zip Code  
32304

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

N. PALMER SANDERS

4/15/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	ROTHER, ALBERT J.	
STREET ADDRESS	4765 KNOLLWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITE, DAVID	
STREET ADDRESS	727 RHODEN COVE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HINDMAN, ANDREW L.	
STREET ADDRESS	2729 W PENSACOLA ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WEBSTER, PETER D.	
STREET ADDRESS	301 MARTIN LUTHER KING BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCALL, FRANCIS, JR.	
STREET ADDRESS	321 N. 9TH ST.	
CITY-ST-ZIP	QUINCY FL	
TITLE	PD	<input type="checkbox"/> 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		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	ROY CAMPBELL JR		
1.3 STREET ADDRESS	1631 MILL POND ROAD		
1.4 CITY-ST-ZIP	THOMASVILLE, GA. 31792		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	SANDERS, N PALMER		
3.3 STREET ADDRESS	2719 W PENSACOLA ST		
3.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32304		
4.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	KRAUSE, J TROY		
4.3 STREET ADDRESS	6278 HINES HILL CR		
4.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32312		
5.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	MCCALL, FRANCIS, JR		
5.3 STREET ADDRESS	321 N. (TH ST		
5.4 CITY-ST-ZIP	QUINCY, FL. 32351		
6.1 TITLE	CD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	JOHNSON, IVAN III		
6.3 STREET ADDRESS	525 E. CALL ST		
6.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32301		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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: N. PALMER SANDERS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Palmer Sanders 4/15/97 576-4146  
Date Daytime Phone #0006206

CR2E037 (9/96)