

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 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		
4. FEI Number 59-0624370	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SANDERS, N. P
2729 W PENSACOLA ST
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	CAMPBELL, ROY J	
STREET ADDRESS	1631 MILL POND RD	
CITY - ST - ZIP	THOMASVILLE GA	
TITLE	VD	
NAME	WHITE, DAVID	
STREET ADDRESS	727 RHODEN COVE ROAD	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	SD	
NAME	PALMER, SANDERS N	
STREET ADDRESS	2719 W PENSACOLA ST	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	TD	
NAME	KRAUSE, J. T	
STREET ADDRESS	6278 HINES HILL CR	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VD	
NAME	MCCALL, FRANCIS, JR.	
STREET ADDRESS	321 N. 9TH ST.	
CITY - ST - ZIP	QUINCY FL	
TITLE	CD	
NAME	JOHNSON, IVAN III	
STREET ADDRESS	525 E. CALL ST.	
CITY - ST - ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

CP2E037 (10/97)