

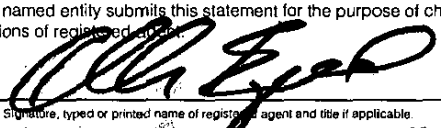
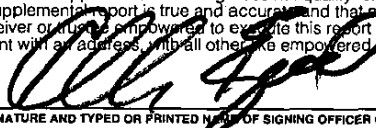


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90341 024 \*\*\*61.25

<b>DOCUMENT # 706278</b> 1. Entity Name <b>SUWANNEE RIVER AREA COUNCIL OF THE BOY SCOUTS OF AMERICA, INC.</b>					
Principal Place of Business <b>2729 W. PENSACOLA ST TALLAHASSEE, FL 32304-2907</b>			Mailing Address <b>2729 W. PENSACOLA ST TALLAHASSEE, FL 32304-2907</b>		
2. Principal Place of Business <b>2032 Thomasville Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2032 Thomasville Rd.</b> Suite, Apt. #, etc.			
City & State <b>Tallahassee, Florida</b> Zip <b>32308</b>		City & State <b>Tallahassee, Florida</b> Zip <b>32308</b>		4. FEI Number <b>59-0624370</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANDERS, N. P 2729 W PENSACOLA ST TALLAHASSEE, FL 32304</b>				7. Name and Address of New Registered Agent Name <b>Chuck Ezell</b> Street Address (P.O. Box Number is Not Acceptable) <b>2032 Thomasville Rd.</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32308</b>	
8. 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  DATE <b>4-27-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-</b>	
TITLE PD NAME CAMPBELL, CHRISTOPHER STREET ADDRESS 1479 MILLSTREAM CITY-ST-ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			TITLE D NAME Christopher Campbell STREET ADDRESS 2032 Thomasville Rd. CITY-ST-ZIP Tallahassee, Florida 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME NEAL, MARGARET STREET ADDRESS 3629 WESTMORELAND DR CITY-ST-ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete			TITLE TD NAME Chris Jensen STREET ADDRESS 2032 Thomasville Rd. CITY-ST-ZIP Tallahassee, Fla. 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME PALMER, SANDERS N STREET ADDRESS 2719 W PENSACOLA ST CITY-ST-ZIP TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete			TITLE SD NAME Chuck Ezell STREET ADDRESS 2032 Thomasville Rd. CITY-ST-ZIP Tallahassee, Florida 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BURNS, JOHN STREET ADDRESS 7027 ANGLEWOOD LANE CITY-ST-ZIP TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MCCALL, FRANCIS, JR. STREET ADDRESS 321 N. 9TH ST. CITY-ST-ZIP QUINCY, FL	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BELL, JOHN T STREET ADDRESS 1520 KILLEARN CEALLER BLVD STE 200 CITY-ST-ZIP TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			TITLE PD NAME John T. Bell STREET ADDRESS 2032 Thomasville Rd. CITY-ST-ZIP Tallahassee, Fla. 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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 information empowered.					
SIGNATURE: 				Date <b>4-27-04</b> Daytime Phone # <b>850-576-4446</b>	