


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 706278 1. Entity Name SUWANNEE RIVER AREA COUNCIL OF THE BOY SCOUTS OF AMERICA, INC.	
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Principal Place of Business 2032 THOMASVILLE RD TALLAHASSEE, FL 32308	Mailing Address 2032 THOMASVILLE RD TALLAHASSEE, FL 32308
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0624370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EZELL, CHUCK 2032 THOMASVILLE RD TALLAHASSEE, FL 32308	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMPBELL, CHRISTOPHER 2032 THOMASVILLE RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JENSEN, CHRIS 2032 THOMASVILLE RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EZELL, CHUCK 2032 THOMASVILLE RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BELL, JOHN T 2032 THOMASVILLE RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/16/05-80044-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a other like empowered.

SIGNATURE: 	2-15-05	850-576-4148
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		