


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 706278

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



Principal Place of Business
2032 THOMASVILLE RD
TALLAHASSEE, FL 32308

Mailing Address
2032 THOMASVILLE RD
TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE



01302006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-0624370

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EZELL, CHUCK
2032 THOMASVILLE RD
TALLAHASSEE, FL 32308

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAMPBELL, CHRISTOPHER
STREET ADDRESS	2032 THOMASVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	TD
NAME	JENSEN, CHRIS
STREET ADDRESS	2032 THOMASVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	SD
NAME	EZELL, CHUCK
STREET ADDRESS	2032 THOMASVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	PD
NAME	BELL, JOHN T
STREET ADDRESS	2032 THOMASVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/06-80055-015 81.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the filings required by Chapter 119, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address that all officers have remembered.

SIGNATURE:  DATE: Jan 30, 2006 DAYTIME PHONE #: 850-576-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR