

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90037 049 \*\*\*\*61.25

**DOCUMENT # 706278**  
 1. Entity Name  
 SUWANNEE RIVER AREA COUNCIL OF THE BOY SCOUTS OF AMERICA, INC.



40021126



Principal Place of Business  
 2032 THOMASVILLE RD  
 TALLAHASSEE, FL 32308

Mailing Address  
 2032 THOMASVILLE RD  
 TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
 59-0624370

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
 EZELL, CHUCK  
 2032 THOMASVILLE RD  
 TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent  
 Name Matt Hart  
 Street Address (P.O. Box Number is Not Acceptable)  
2032 Thomasville Rd.  
 City Tallahassee FL Zip Code 32308

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 [Signature] DATE 1/14/08

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, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, CHRISTOPHER	
STREET ADDRESS	2032 THOMASVILLE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JENSEN, CHRIS	
STREET ADDRESS	2032 THOMASVILLE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	EZELL, CHUCK	
STREET ADDRESS	2032 THOMASVILLE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BELL, JOHN T	
STREET ADDRESS	2032 THOMASVILLE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COMAN LEONARD	
STREET ADDRESS	2032 Thomasville Rd.	
CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matt Hart	
STREET ADDRESS	2032 Thomasville Rd.	
CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John T. Bell	
STREET ADDRESS	2032 Thomasville Rd.	
CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Hunt	
STREET ADDRESS	2032 Thomasville Rd.	
CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 another like empowered.

SIGNATURE: [Signature] **MATT HART** DATE: 1/14/08 DAYTIME PHONE #: 850-576-4146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR