

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706278

FILED  
Jan 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2032 THOMASVILLE RD  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2032 THOMASVILLE RD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 59-0624370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, MATT  
2032 THOMASVILLE RD.  
TALLAHASSEE, FL 32308      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CAMPBELL, CHRISTOPHER  
Address: 2032 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD      ( ) Delete  
Name: COMAN, LEONARD  
Address: 2032 THOMASVILLE RD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD      ( ) Delete  
Name: HART, MATT  
Address: 2032 THOMASVILLE RD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D3      ( ) Delete  
Name: BELL, JOHN T  
Address: 2032 THOMASVILLE RD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD      ( ) Delete  
Name: HUNT, TIM  
Address: 2032 THOMASVILLE RD.  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: COMAN, LEONARD  
Address: 2032 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD      (X) Change ( ) Addition  
Name: ANDY, GRAY  
Address: 2032 THOMASVILLE RD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATT HART

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

SD

01/22/2009

\_\_\_\_\_ Date