2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 706278

1. Entity Name

Principal Place of Business

TALLAHASSEE FL 32304-2907

2729 W. PENSACOLA ST

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



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90313 006 ****61.25

2. Principal i	Place of Business	3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·		c	HECK HERE IF MAKING	CHANGES	;			
City & Sta	ite	City & State	City & State		4. FEI Number 59-0624370			pplied For			
Zip	Country	Zip	Country	م مضحت د س	5. Certificate of Sta	tus Desired	\$8:75-Ad Fee Require	ditional add			
	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
0 44 IDIPO					Name						
SANDERS	-		Street	Street Address (P.O. Box Number is Not Acceptable)							
	Pensacola ST ISSEE FL 32304										
I UTTUI IU	100EE FL 32304		City								
	`					. FL	Zip Cod	ie			
8. The above	e named entity submits this statement for	or the purpose of changing its	registered office	or register	ed agent, or both, in the	ne State of Florida. I am f	l amiliar with,	and accept			
the obliga	tions of registered agent.			-	_						
	변 										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered Agent sign								
	organical printed marile of registered agent	and the mappingapie. (NOTE	. negisteled Agent sigi	atore redured	when reinstating)	DATE					
***		najan Einanaina		25.00	Make Obest	. Danminia					
FILE NOW: FEE IS \$61.25 9. Election Campaign Trust Fund Contribu					\$5.00 May Be Added to Fees	Make Check Florida Depart					
						i iorida bepari	mem or .	Jiaic			
10.	OFFICERS AND DIE	RECTORS	11.	A	ADDITIONS/CHANGES	S TO OFFICERS AND DIF	ECTORS IN	1 10			
TITLE	PD S	☐ Delete	TITLE				☐ Change	Addition			
NAME	CAMPBELL, CHRISTOPHER		NAME					1			
STREET ADDRESS CITY-ST-ZIP	1479 MILLSTREAM		STREET ADDRESS CITY-ST-ZIP	·				}			
TITLE	TALLAHASSEE FL 32312			- -							
NAME	NEAL, MARGARET	☐ Delete	TITLE NAME				☐ Change	Addition			
STREET ADDRESS	3629 WESTMORELAND DR	مينيوليون دريان ميني الماني المان المانيونيونيونيونيونيونيونيونيونيونيونيونيون	STREET ADDRESS				الماني				
CITY-ST-ZIP	TALLAHASSEE FL 32303	1	CITY-ST-ZIP								
ITLE	SD	☐ Delete	TITLE			<u>-</u>	Change	☐ Addition			
	PALMER, SANDERS N		NAME				_ ,	_			
	2719 W PENSACOLA ST		STREET ADDRESS	; 							
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP	 							
itle Iame	D Burns, John	☐ Delete	TITLE				☐ Change	☐ Addition			
	7027 ANGLEWOOD LANE		NAME STREET ADDRESS								
ITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP					-			
ITLE	VD	☐ Delete	TITLE	1			☐ Change	☐ Addition			
IAME	MCCALL, FRANCIS, JR.		NAME					nadition			
	321 N. 9TH ST.		STREET ADDRESS								
ITY-ST-ZIP	QUINCY FL		CITY-ST-ZIP								
ITLE	TD	Delete	TITLE	TD			Change	Addition			
	MERCER, FRANK		NAME	ZON	U.T. Bell	center Blud.,	e .i	200			
,	1292 TIMBERLANE RD		STREET ADDRESS CITY-ST-ZIP	1520	Killearn	center Ring.	Suite	200			
	TALLAHASSEE FL 32312		0111-31-21F	$I \cap \Delta II$	auassee. L	lorida 32	ጎዕገ				

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 like empowered.

SIGNATURE: PARCAGNARIS RELI

1-28-03

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