


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710456** (5)

1. Corporation Name

**PALM GLADES GIRL SCOUT COUNCIL, INC.**



Principal Place of Business <b>2728 LAKE WORTH ROAD LAKE WORTH FL 33461</b>	Mailing Address <b>2728 LAKE WORTH ROAD LAKE WORTH FL 33461-4124</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>03/01/1966</b>		3a. Date of Last Report <b>02/06/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-0624403</b>		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>FULLER, ELISA L 1900 PHILLIPS PT W 777 S FLAGLER DR WEST PALM BEACH FL 33401-3198</b>				10. Name and Address of New Registered Agent <b>81 Name KIM PRINE 82 Street Address (P.O. Box Number is Not Acceptable) 1900 PHILLIPS PT W 83 777 S. FLAGLER DR. 84 City West Palm Beach FL 85 Zip Code 33401-3198</b>			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Kim A. Prine* **May 12, 1997**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOANE, REBECCA A.		1.2 NAME				
STREET ADDRESS	11610 LANDING PL		1.3 STREET ADDRESS				
CITY-ST-ZIP	N PALM BEACH FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTER, DON		2.2 NAME				
STREET ADDRESS	129 SANTA LUCIA DR		2.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSTOCK, EILEEN M.		3.2 NAME				
STREET ADDRESS	19523 TRAILS END		3.3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, TERRI		4.2 NAME	POMELA E. ADAMS			
STREET ADDRESS	8120 TWIN LAKE DR		4.3 STREET ADDRESS	3111 N PALM CIR			
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	N. PALM BEACH FL 33408			
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOWICKI, CAROL		5.2 NAME				
STREET ADDRESS	2248-D WHITE PINE CIRCLE		5.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURDO, LISA		6.2 NAME				
STREET ADDRESS	8158 ANDOVER CT		6.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE CLARK SHRS FL		6.4 CITY-ST-ZIP				

14. I do 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 annual report or supplemental annual 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 registered trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Rebecca A. Doane* **5-7-97** **659-3000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043805

CR2E037 (9/96)