

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 2728 LAKE WORTH ROAD LAKE WORTH FL 33461	Mailing Address 2728 LAKE WORTH ROAD LAKE WORTH FL 33461
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3. Date Incorporated or Qualified 03/01/1966		
4. FEI Number 59-0624403	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PRINE, KIM
 1900 PHILLIPS PT. W.
 777 S. FLAGLER DR.
 WEST PALM BEACH FL 33401-3198**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOANE, REBECCA A.	
STREET ADDRESS	11610 LANDING PL	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHESTER, DON	
STREET ADDRESS	129 SANTA LUCIA DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSTOCK, EILEEN M.	
STREET ADDRESS	19523 TRAILS END	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ADAMS, PAMELA E.	
STREET ADDRESS	2111 N. PALM CIR.	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLOWICKI, CAROL	
STREET ADDRESS	2248-D WHITE PINE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TURDO, LISA	
STREET ADDRESS	8158 ANDOVER CT	
CITY-ST-ZIP	LAKE CLARK SHRS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *[Signature]* 2-4-98

CR2E037 (10/97)