


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90727 003 \*\*\*\*61.25

<b>DOCUMENT # 710456</b>	
<b>1. Entity Name</b> GIRL SCOUTS OF PALM GLADES COUNCIL, INC.	

<b>Principal Place of Business</b> 1224 WEST INDIANTOWN RD JUPITER FL 33458	<b>Mailing Address</b> 1224 WEST INDIANTOWN RD JUPITER FL 33458
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 59-0624403	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> HINES, KIM 1900 PHILLIPS PT. W. 777 S. FLAGLER DR. WEST PALM BEACH FL 33401-3198	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> MACK, RENELDA <b>STREET ADDRESS</b> P O BOX 19463 <b>CITY- ST- ZIP</b> WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> VILCHEZ, VICTORIA <b>STREET ADDRESS</b> 625 N FLAGLER DR <b>CITY- ST- ZIP</b> WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> BUSH-ELLIS, DELSA <b>STREET ADDRESS</b> 600 BANYA BLVD <b>CITY- ST- ZIP</b> WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> V <b>NAME</b> ARTS, CATHERINE <b>STREET ADDRESS</b> 1119 SW 13TH DR <b>CITY- ST- ZIP</b> BOCA RATON FL 33486	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> KISSELL, GREGORY <b>STREET ADDRESS</b> 19060 TOKEN WAY <b>CITY- ST- ZIP</b> JUPITER FL 33458	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> ED <b>NAME</b> PATTON, SANDRA <b>STREET ADDRESS</b> 6444 S W GAINES AVE <b>CITY- ST- ZIP</b> STUART FL 34997	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Sandra Patton Sandra Patton **5-4-04** **561-427-0178**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #