

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714676

FILED
Feb 04, 2009
Secretary of State

Entity Name: GIRL SCOUTS OF CITRUS COUNCIL, INC.

Current Principal Place of Business:

341 N. MILLS AVE.
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

341 N. MILLS AVE.
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-0696293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENNOX, PAMELA CEO
341 N. MILLS AVE.
ORLANDO, FL 32803 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: PD () Delete
Name: PARKER, JESSICA
Address: 341 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: VD () Delete
Name: PAPALINI, DARLENE
Address: 341 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: CEO () Delete
Name: LENNOX, PAMELA
Address: 341 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: VD () Delete
Name: BINA, JIM
Address: 341 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: SD () Delete
Name: FAUSER, JENNIFER
Address: 341 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: TD () Delete
Name: BAGBY, NORA
Address: 341 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: YOUNG, KAROL
Address: 341 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

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

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

Title: SD (X) Change () Addition
Name: ORR, DEBORAH
Address: 341 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

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: DR. PAMELA LENNOX

CEO

02/04/2009

Electronic Signature of Signing Officer or Director

Date