FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY 15

DOCUMENT # 719788 (2)

1. Corporation Name

PINELLAS AREA COUNCIL OF BOY SCOUTS OF AMERICA, INC.

Principal Place of Business	Mailing Address
11046 JOHNSON BLVD SEMINOLE FL 34642	11046 JOHNSON BLVD. SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1970
3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-0637815 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBINSON, WILLIAM A. 11046 JOHNSON BLVD. SEMINOLE FL 34642	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P — XX Change ☐ Addition
NAME	AIDE, JOHN E.	1.2 NAME	Winland, Gene
STREET ADDRESS	321 HIGH STREET	1.3 STREET ADDRESS	733 Captiva Court
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33702-2774
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, WILLIAM A.	2.2 NAME	
STREET ADDRESS	11046 JOHNSON BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD — XX Change ☐ Addition
NAME	BROOK, JOHN V	3.2 NAME	Swain, Robert
STREET ADDRESS	139 16TH AVE. N.	3.3 STREET ADDRESS	2130 Fairway Ave. So.
CITY-ST-ZIP	ST. PETERSBURG FL 33704	3.4 CITY-ST-ZIP	St. Petersburg, FL 33712
TITLE	TD	4.1 TITLE	TD — XX Change ☐ Addition
NAME	STUART, RODERICK	4.2 NAME	Thompson, Stephen
STREET ADDRESS	1539 RIDGEWOOD STREET	4.3 STREET ADDRESS	4144 9th Ave. N.
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	BLANCHARD, RAY	5.2 NAME	
STREET ADDRESS	78 CANAL DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	VD — XX Change ☐ Addition
NAME	BELNAP, BRUCE	6.2 NAME	Bailey, Melinda
STREET ADDRESS	1640 PICARDY CIRCLE	6.3 STREET ADDRESS	2918 Pine Cone Circle
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	Clearwater, FL 34620

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William A. Robinson* William A. Robinson 05/08/95 (813)391-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067005