

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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| DOCUMENT # 719788 (2) 1. Corporation Name PINELLAS AREA COUNCIL OF BOY SCOUTS OF AMERICA, INC. West Central Florida Council, Inc., Boy Scouts of America | |
| Principal Place of Business 11046 JOHNSON BLVD. SEMINOLE FL 33772-4715 US | Mailing Address 11046 JOHNSON BLVD. SEMINOLE FL 34642 |



| | |
|--------------------------------|------------------------|
| 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 | 29 Country |
| 34 | 30 33772-4715 US |

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|---|-------------------------------|
| 3. Date Incorporated or Qualified 11/10/1970 | |
| 4. FEI Number 59-0637815 | Applied For Not Applicable |
| 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 | |

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| 9. Name and Address of Current Registered Agent | |
| ROBINSON, WILLIAM A. 11046 JOHNSON BLVD. SEMINOLE FL 33772 | |

| | |
|--|--|
| 10. Name and Address of New Registered Agent | |
| 81 Name John G. Cabeza | 82 Street Address (P.O. Box Number is Not Acceptable) 11046 Johnson Blvd. |
| 83 | 84 City Seminole |
| 85 FL | 86 Zip Code 33772 |

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 John G. Cabeza John G. Cabeza 04/24/1998
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | P SMITH, JIM |
| STREET ADDRESS | 315 CT ST |
| CITY-ST-ZIP | CLEARWATER FL |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | S ROBINSON, WILLIAM A. |
| STREET ADDRESS | 11046 JOHNSON BLVD. |
| CITY-ST-ZIP | SEMINOLE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VD BROWN, JARED |
| STREET ADDRESS | 121 N. OSCEOLA AVE |
| CITY-ST-ZIP | CLEARWATER FL |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | TD THOMPSON, STEPHEN |
| STREET ADDRESS | 4144 9TH AVENUE NORTH |
| CITY-ST-ZIP | ST PETERSBURG FL |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | VD WILLIS, ROBERT JR. |
| STREET ADDRESS | 250 3RD STREET NO. |
| CITY-ST-ZIP | ST PETERSBURG FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VD ROMAGNOLI, GEORGE |
| STREET ADDRESS | 7530 LITTLE RD |
| CITY-ST-ZIP | NEW PORT RICHEY FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | T/D Gary Kovar |
| 1.3 STREET ADDRESS | 1399 Sarasota Dr |
| 1.4 CITY-ST-ZIP | Tarpon Springs FL 34689 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | S John G. Cabeza |
| 2.3 STREET ADDRESS | 11046 Johnson Blvd |
| 2.4 CITY-ST-ZIP | Seminole FL 33772 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | P/D Brown, Jared |
| 3.3 STREET ADDRESS | 121 N. Osceola Ave |
| 3.4 CITY-ST-ZIP | Clearwater FL |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | V/D Ron Rasmussen |
| 4.3 STREET ADDRESS | 10212 58th Street |
| 4.4 CITY-ST-ZIP | Pinellas Park FL 33782 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | V/D Angelo Cappelli |
| 5.3 STREET ADDRESS | 955 Live Oak Terr NE |
| 5.4 CITY-ST-ZIP | St Petersburg FL 33703 |
| 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: John G. Cabeza 04/24/1998 (813) 391-3800

CR2E037 (10/97)