


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90168 007 ****70.00

0055730

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 719788					
1. Corporation Name 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 33772 US		

417326 - 90168 - 7



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 11/10/1970 4. FEI Number 59-0637815 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	
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 Cabeza 82 Street Address (P.O. Box Number is Not Acceptable) 11046 Johnson Blvd 83 84 City Seminole FL 85 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 Cabeza* John Cabeza, Scout Executive 4/19/1999
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOVAR, G			1.2 NAME	Hamilton, Tom		
STREET ADDRESS	1399 SARASOTA DR			1.3 STREET ADDRESS	10899 Park Blvd		
CITY-STATE-ZIP	TARPON SPGS FL 34689			1.4 CITY-STATE-ZIP	Seminole FL 33772		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CABEZA, JOHN			2.2 NAME			
STREET ADDRESS	11046 JOHNSON BLVD			2.3 STREET ADDRESS			
CITY-STATE-ZIP	SEMINOLE FL 33772			2.4 CITY-STATE-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, JARED			3.2 NAME			
STREET ADDRESS	121 N. OSCEOLA AVE			3.3 STREET ADDRESS			
CITY-STATE-ZIP	CLEARWATER FL			3.4 CITY-STATE-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RASMUSSEN, R			4.2 NAME			
STREET ADDRESS	10212 58TH ST			4.3 STREET ADDRESS			
CITY-STATE-ZIP	PINELLAS PK FL 33782			4.4 CITY-STATE-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPPELLI, A			5.2 NAME			
STREET ADDRESS	955 LIVE OAK TERR NE			5.3 STREET ADDRESS			
CITY-STATE-ZIP	ST PETE FL 33703			5.4 CITY-STATE-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMAGNOLI, GEORGE			6.2 NAME			
STREET ADDRESS	7530 LITTLE RD			6.3 STREET ADDRESS			
CITY-STATE-ZIP	NEW PORT RICHEY FL			6.4 CITY-STATE-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, with a letter like empowered.

SIGNATURE: *John Cabeza* 4/19/1999 (727) 391-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)