

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719788

FILED
Feb 23, 2004
Secretary of State

Entity Name: WEST CENTRAL FLORIDA COUNCIL, INC., BOY SCOUTS OF AMERICA

Current Principal Place of Business:

11046 JOHNSON BLVD.
SEMINOLE, FL 337724715 US

New Principal Place of Business:

Current Mailing Address:

11046 JOHNSON BLVD.
SEMINOLE, FL 337724715 US

New Mailing Address:

FEI Number: 59-0637815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CABEZA, JOHN
11046 JOHNSON BLVD.
SEMINOLE, FL 337724715 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: TD () Delete
Name: DEMONTIGNY, JOSEPH N
Address: 5600 GULF BLVD
City-St-Zip: ST PETE BEACH, FL 33706 US

Title: S () Delete
Name: CABEZA, JOHN
Address: 11046 JOHNSON BLVD
City-St-Zip: SEMINOLE, FL 33772 US

Title: VD () Delete
Name: CAPPELLI, ANGELO
Address: 841 24TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33704 US

Title: VD () Delete
Name: SWAIN, ROBERT
Address: 2130 FAIRWAY AVE S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: PD () Delete
Name: PAYNE, SCOTT
Address: 4399 35TH STREET N
City-St-Zip: SAINT PETERSBURG, FL 33714 US

Title: VD () Delete
Name: ROMAGNOLI, GEORGE
Address: 10901 CLAYMONT DR
City-St-Zip: NEW PORT RICHEY, FL 34654 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN CABEZA

S

02/23/2004

Electronic Signature of Signing Officer or Director

Date