2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

1. Entity Nam	ENTRAL FLORIDA CO		., BOY SCOU	TS)	04-03-2006	5 90387 03	39 **** 70	0.00
Principal Plac 11046 JOHN SEMINOLE, F		110	ng Address 46 JOHNSON BLVD INOLE, FL 33772-	-	JS					
2. Principal P	Place of Business	3. Ma	iling Address		···· · · · · · · · · · · · · · · · · ·					
Suite, Apt.	#, etc.	Su	uite, Apt. #, etc.			02152006	Chg-NP	CR2E0	37 (11/05)	
City & State		Ci	City & State			4. FEI Number 59-0637			1	oplied For ot Applicable
Zip	Country	Zi		Cou	intry	5. Certificate of	of Status Desired	ă	\$8.75 Add Fee Require	
	6. Name and Address of	Current Register	ed Agent			7. Name and	Address of New	Registered	Agent	
CABEZA,	JOHN				Name Wil	liam M. D	avis			
11046 JOH	HNSON BLVD.					(P.O. Box Number 46 Johnso		ble)		
SEMINOLE	E, FL 33772-4715				110	46 Jonnso	n BIVa			
					City Sem	inole		FL	Zip Code 337	⁶ 72
8. The above	named entity submits this stat	ement for the purp	oose of changing its	registere			n, in the State of	Florida, I am	familiar with,	and accept
!	ions or rogistored agont.		_	_						
SIGNATURE .		~M. />	<u>ouis, Scou</u>	<u> 17 E</u> y	ecunive		6	08/31/00	•	
	Signature, typed or printed name of regis	tered agent and title if ap	plidable. (NOTE	: Registere	d Agent signature require	ed when reinstating)		DATE		
		_	·	-						
,	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Can Trust Fund C	npaign F		\$5.00 May Be Added to Fees		Make chec orida Depai	k payable to tment of Si	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS	AND DIRECTORS	9. Election Can Trust Fund C	npaign F	ion. 🗆	\$5.00 May Be Added to Fees	FI	orida Depai	tment of SI	tate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS TD DEMONTIGNY, JOSEPH 5600 GULF BLVD ST PETE BEACH, FL 33	AND DIRECTORS	9. Election Can Trust Fund C	npaign F contributi 11. TITLE NAM STRE	E T. E D. ET ADDRESS 50 -ST-ZIP P.	\$5.00 May Be Added to Fees ADDITIONS/CHA D EMONTIGNY 056 KERNW LAM HARBO	, JOSEPH OOD CT R, FL	orida Depai	tment of SI	10
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _	تمانك	bai M.	~	WILLIAM TOTAL	. DAVIS	03/31/06	(727) 391-3800
	SIGNATURE AND TYPED	OR PRINTED NAME (FSIGNING	OFFICER OR DIRECTOR		Date	Daytime Phone #