


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-03-2006 90387 039 ****70.00

DOCUMENT # 719788 1. Entity 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 33772-4715 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0637815	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required				02152006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent CABEZA, JOHN 11046 JOHNSON BLVD. SEMINOLE, FL 33772-4715				7. Name and Address of New Registered Agent Name William M. Davis Street Address (P.O. Box Number is Not Acceptable) 11046 Johnson Blvd City Seminole FL Zip Code 33772	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>William M. Davis, Scout Executive</i></u> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>				DATE 03/31/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEMONTIGNY, JOSEPH N 5600 GULF BLVD ST PETE BEACH, FL 33706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CABEZA, JOHN 11046 JOHNSON BLVD SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAPPELLI, ANGELO 841 24TH AVE N SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWAIN, ROBERT 2130 FAIRWAY AVE S SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YANCHUNIS, JOHN 901 31ST AVENUE NE SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROMAGNOLI, GEORGE 10901 CLAYMONT DR NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEMONTIGNY, JOSEPH N 5056 KERNWOOD CT PLAM HARBOR, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAM M. DAVIS 11046 JOHNSON BLVD SEMINOLE, FL 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDSON, DAN 1073 CLIPPERS WAY TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>William M. Davis</i></u> WILLIAM M. DAVIS 03/31/06 (727) 391-3800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					