

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000005209

1. Entity Name

FRINEDS OF TAYLOR COUNTY SCOUTING FOUNDATION,
INC.



FILED

Jan 24, 2007 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/06)

4. FEI Number	48-1300353	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BLUE, WILLIAM W
115 W. BAY ST.
PERRY FL 32347

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE:

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	ADAMS, DAVID		NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS	109 RIDGE RD.		STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP	PERRY FL 32347		01/26/07-80081-024 61.25
TITLE	SD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	BLUE, WILLIAM W		NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS	115 W. BAY ST.		STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP	PERRY FL 32347		
TITLE	TD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	SUNDERLAND, JOHN		NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS	GREEN FARM RD.		STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP	PERRY FL 32347		
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME			NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME			NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME			NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

(850)584-3111

SIGNATURE: *William W. Blue*

1-21-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #