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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16801 (5)

1. Corporation Name

GIRL SCOUTS OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
4701 ~~5255~~ N.W. 33 AVE. P.O. BOX 490450 FT. LAUDERDALE FL 33349-0450 US	4701 ~~5255~~ N.W. 33 AVE. P.O. BOX 490450 FT. LAUDERDALE FL 33349-0450 US

3. Date Incorporated or Qualified: 09/15/1986
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21: 4701 NW 33Ave
2a. Mailing Address — 26: PO Box 490450

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

City & State — 23:
City & State — 28:

Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-0657327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

ARCHER-SIMONS, JEANNETTE J.
5255 N.W. 33 AVE.
FT. LAUDERDALE FL 33309

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL — 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUNT, LINDA KIRK		1.2 NAME	
STREET ADDRESS	6400 N. ANDREWS AVE #306		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	FVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, MAGDALENE		2.2 NAME	
STREET ADDRESS	2560 NW 16 CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CLARKSON, JOANNA		3.2 NAME	
STREET ADDRESS	7080 NW 4 ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KATTERHENRY, JANE		4.2 NAME	
STREET ADDRESS	NATIONSBANK, ONE FINANCIAL PLAZA, L4 FLOOR		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Jeannette Archer-Simons ~~CHAIRMAN~~ 4/22/97 954-~~7~~39-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0037776