FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State
05-03-1999 90048 014 ****61.25

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DOCUMENT # N16801

1. Corporation Name

GIRL SCOUTS OF BROWARD COUNTY, INC.

470751 - 90048 - 14

Principal Place of Business	Mailing Address
4701 NW 33RD AVE P.O. BOX 490450 FT. LAUDERDALE FL 33349-0450 US	P.O. BOX 490450 FT. LAUDERDALE FL 33349-0450 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/15/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0657327 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	KATTERHENRY, JANE		1.2 NAME	
STREET ADDRESS	NATIONS BANK ONE FNCL PLAZA 14TH FLOOR		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	FVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BEBKO, PHYLLIS		2.2 NAME	
STREET ADDRESS	FAU 220 SE 2ND AVENUE ROOM 612-D		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, ANTHONY D		3.2 NAME	
STREET ADDRESS	3701 N W 16TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		3.4. CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, DOUGLAS C		4. 2 NAME	
STREET ADDRESS	1215 SE 2ND AVE. #102		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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: A. D. Wright SIGNATURE REQUIRED Anthony D. Wright 4/29/99 (954) 739-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #