FILE NOW: FILING FEE IS $61.25 AMENDED

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 NOV 15 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16801

1. Corporation Name
GIRL SCOUTS OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
4701 NW 33rd Avenue 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	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	09/15/96
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	10. Name and Address of New Registered Agent
Archer-Simons, Jeanette J. 5255 NW 33rd Avenue Ft. Lauderdale, FL 33309	81 Name: Samuel S. Goren 82 Street Address (P.O. Box Number is Not Acceptable): 3099 E. Commercial Blvd., #200 83 84 City: Ft. Lauderdale FL 85 Zip Code: 33308

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: Samuel S. Goren 10/4/99.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Katterhenry, Jane Nations Bank, One Financial Plaza, 14th Floo Ft. Lauderdale, Florida ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 100003053441---5 -11/24/99--01009--006 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVP Bebko, Phyllis FAU, 220 SE 2nd Avenue, Room 612-D Ft. Lauderdale, Florida ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	FVP/D Felicia Wilson 1625 SE 2nd Court Ft. Lauderdale, Florida 33301 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Wright, Anthony D. 3701 NW 16th Street Lauderhill, Florida ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Brown, Douglas C. 1215 SE 2nd Avenue, #102 Ft. Lauderdale, Florida ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PD Brown, Douglas C. 1215 SE 2nd Avenue, #102 Ft. Lauderdale, Florida ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Douglas C. Brown 10/19/99 739-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Douglas C. Brown