

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000003273 (0)**

1. Corporation Name

**LONGWOOD SCOUTING ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**117 WEST WYNDHAM COURT  
LONGWOOD FL 32779**

**P.O. BOX 915176  
LONGWOOD FL 32791-5176**

3. Date Incorporated or Qualified  
**07/21/1993**

3a. Date of Last Report  
**07/18/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, WINSTON R.  
117 WEST WYNDHAM COURT  
LONGWOOD FL 32779**

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

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	D	<input checked="" type="checkbox"/> DELETE
NAME	BIRKEMEYER, KEITH V	
STREET ADDRESS	115 PINECREST DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, WINSTON R	
STREET ADDRESS	117 WEST WYNDHAM CT.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, WALLY	
STREET ADDRESS	282 HAVERCLUB CT.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEBLANC, JULIE	
STREET ADDRESS	1411 SUZANNE WAY	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHOWANIEC, JOHN H	
STREET ADDRESS	346 SHADOW BAY NORTH	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISS, JODY	
STREET ADDRESS	103 STEVENAGE CT.	
CITY-ST-ZIP	LONGWOOD FL 32779	

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	SWETT, ROBERT	
13 STREET ADDRESS	106 WYNDHAM CT	
14 CITY-ST-ZIP	LONGWOOD FL 32779	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SWETT, ELAINE	
23 STREET ADDRESS	106 WYNDHAM CT	
24 CITY-ST-ZIP	LONGWOOD FL 32779	
31 TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DAVIS, WINSTON R.	
33 STREET ADDRESS	117 WEST WYNDHAM CT	
34 CITY-ST-ZIP	LONGWOOD FL 32779	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WINSTON R DAVIS**

**5/27/96 (407) 869-6115**

Date

Daytime Phone #

CR2E037 (12/95)