FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State **DOCUMENT # N14858** 1. Entity Name 05-22-2002 90103 037 ****61.25 BOY SCOUT TROOP 403 OF ORMOND BEACH, INC. Mailing Address Principal Place of Business 857 QUAIL RUN 857 QUAIL RUN B0111964 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2002450 Not Applicable **\$8.75** Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) UPSON, MAGNOLIA J. 857 QUAIL RUN ORMOND BEACH FL 32174 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. assistand Scuttmenter) ☐ Change TITLE ☐ Delete TITLE 3602 Glantation De CANALIZO, JOHN NAME NAME Demand Beach 72 32/14 9 DEERSKIN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP Scautmaster Addition Delete Change TITLE TITLE nea oxical Norton, Penelope NAME NAME Cottonwood Fla 220 N. BEACH ST. STREET ADDRESS STREET ADDRESS ORMOND BCH FL 32174 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete_ TITLE TITLE KNIGHT, STEPHEN NAME NAME STREET ADDRESS 11 Iroquois Tr. STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE Kious. Stephen NAME 931 NORTHBROOK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE upson, magnolia J. NAME NAME STREET ADDRESS 857 Quail Run

(10/6)

Change

☐ Addition

12. 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 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ORMOND BEACH FL 32174

ORMOND BEACH FL 32174

MANNO, STEVEN

424 SAN CREEK LANE

19571PSON 439/02 386-677-3581 SIGNATURE: 222