


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 746848</b>	
1. Entity Name FRIENDS OF SCOUTS, INC.	

Principal Place of Business 30752 PALM DR BIG PINE KEY, FL 33043 US	Mailing Address 30752 PALM DR BIG PINE KEY, FL 33043 US
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DO NOT WRITE IN THIS SPACE



03092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1930275	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MOORE, ELAINE G 30752 PALM DR BIG PINE KEY, FL 33043
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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000707083 04/24/07-80060-016 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, ELAINE G 30752 PALM DRIVE BIG PINE KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JAMES E 30752 PALM DRIVE BIG PINE KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAREN E. CUMMINS 9300 CONCORD RD SAINT CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, JAMES E JR 3398 JASMINE CT LAS VEGAS, NV 89135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: <u>Elaine G. Moore S/D</u> Elaine G. MOORE 4/6/07 305-892-2302	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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