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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 755967

1. Corporation Name

BOY SCOUT TROOP 339, INC.

Principal Place of Business

1097 NW 82 TERRACE
CORAL SPRINGS FL 33071
US

8808 NW 3rd PL
CORAL SPRINGS, FL 33071

Mailing Address

1097 NW 82 TERRACE
CORAL SPRINGS FL 33071
US

8808 NW 3rd PL
CORAL SPRINGS, FL 33071



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/20/1981

4. FEI Number

65-0201634

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FROMKIN, MARCIA
7705 NW 18 CT
MARGATE FL 33063

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 Marcia Fromkin
Signature, typed or printed name of registered agent and title if applicable.

Marcia Fromkin
(NOTE: Registered Agent signature required when reinstating)

1-14-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FROMKIN, MARCIA
STREET ADDRESS 7705 NW 18TH COURT
CITY-ST-ZIP MARGATE FL ☐ DELETE

TITLE VD
NAME ZVOLENSKY, ROBERT
STREET ADDRESS 11305 N.W. 35 CT
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DELETE

TITLE SD
NAME MIZE, ROBERT
STREET ADDRESS 10422 NW 1 CT
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

TITLE TD
NAME GERSHOWITZ, MICHAEL N
STREET ADDRESS 1097 NW 82 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL ☒ DELETE

TITLE TD
NAME WALLACH, STEVEN B.
STREET ADDRESS 8808 NW 3rd PL.
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE TREASURER ☒ Change ☐ Addition
5.2 NAME STEVEN WALLACH
5.3 STREET ADDRESS 8808 NW 3rd PL.
5.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: Marcia Fromkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-972-0287
1-12-99
Date Daytime Phone #

CR2E037 (11/98)