

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 10, 2008
Secretary of State

DOCUMENT# 762286

Entity Name: ST. LUCIE COUNTY SCOUTS, INC.**Current Principal Place of Business:**3548 SELVITZ RD.
FT. PIERCE, FL 34981**New Principal Place of Business:****Current Mailing Address:**3548 SELVITZ RD.
FT. PIERCE, FL 34981**New Mailing Address:****FEI Number:** 65-0314442**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HANEY, JOHN W
705 CORY CAMPBELL RD
FORT PIERCE, FL 34982 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VT () Delete
Name: VANNASSE, WALTER J
Address: 4901 PALM DR
City-St-Zip: FORT PIERCE, FL 34983**Title:** PT () Delete
Name: HANEY, JOHN W
Address: 705 CORY CAMPBELL RD
City-St-Zip: FORT PIERCE, FL 34982**Title:** ST () Delete
Name: SATURNO, JENNIFER
Address: 1049 S.W. EUREKA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953**Title:** T () Delete
Name: GLASS, DENNIS U
Address: 1525 A PHESANT WALK
City-St-Zip: FORT PIERCE, FL 34950**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: AYERS, KIMBERLY D
Address: 965 JEREMKO AVE
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W HANEY

PT

11/10/2008

Electronic Signature of Signing Officer or Director

Date