


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90222 001 ****70.00

DOCUMENT # N02000006455					
1. Entity Name BOY SCOUT TROOP 544, INC.					
Principal Place of Business 1825 W. FRENCH AVENUE ORANGE CITY, FL 32763			Mailing Address 1825 W. FRENCH AVENUE ORANGE CITY, FL 32763		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2055557	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCRAY, ROBERT 1825 W. FRENCH AVE ORANGE CITY, FL 32763			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PISANO, ERIC 1531 18TH STREET ORANGE CITY, FL 32763	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRAY, PAUL 1815 W. FRENCH AV. ORANGE CITY, FL 32763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCRAY, ROBERT 1825 W. FRENCH AVENUE ORANGE CITY, FL 32763	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCRAY, CATHERINE 1825 W. FRENCH AVENUE ORANGE CITY, FL 32763	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PD VOUGH, JIM 1021 HANCOCK AVENUE DELTONA, FL 32728	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOUGH, JIM 1021 HANCOCK AV. DELTONA, FL 32728	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTSHORN, BYRON 125 SANFORD AVENUE DEBARY, FL 32728	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTEEL, DENNIS 1210 18TH STREET ORANGE CITY, FL 32763	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLHOLEN, GERALD 811 W. EUCLID AV. DELAND, FL 32720	
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.					
SIGNATURE: <u>Robert B McCray</u> 26 April 04 386/775-1224 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					