2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N02000006455

Entity Name: BOY SCOUT TROOP 544, INC.

Current Principal Place of Business:

1825 W. FRENCH AVENUE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

1825 W FRENCH AVE
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 41-2055557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCRAY, ROBERT B
1825 W. FRENCH AVE
ORANGE CITY, FL 32763 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: D ( ) Delete
Name: MCCRAY, PAUL
Address: 1815 W FRENCH AV.
City-St-Zip: ORANGE CITY, FL 32763

Title: VD ( ) Delete
Name: MCCRAY, ROBERT
Address: 1825 W. FRENCH AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: STD ( ) Delete
Name: MCCRAY, CATHERINE
Address: 1825 W. FRENCH AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: PD ( ) Delete
Name: VOUGH, JIM
Address: 1021 HANCOCK AVENUE
City-St-Zip: DELTONA, FL 32728

Title: D ( ) Delete
Name: COCKAYNE, MUNSON
Address: 1480 RACINE RD
City-St-Zip: ORANGE CITY, FL 32763

Title: D ( ) Delete
Name: MILLHOLEN, GERALD
Address: 811 W EUCLID AVE
City-St-Zip: DELAND, FL 32720

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT B. MCCRAY VD 04/28/2006

Electronic Signature of Signing Officer or Director — Date