FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995 5-1-95 5249 XC

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02058 (8)

1. Corporation Name
BOY SCOUTS POST 339 BOOSTER CLUB, INC

Principal Place of Business
~~11520 NW 40 CT~~
~~CORAL SPRINGS FL 33065~~

Mailing Address
~~11520 NW 40 CT~~
~~CORAL SPRINGS FL 33065~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1984
3a. Date of Last Report: 06/06/1994

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

2. Principal Place of Business
21 10631 NW 41ST ST
22 Suite, Apt. #, etc.
23 City & State: Coral Springs FL
24 Zip: 33065 25 Country: Broward

2a. Mailing Address
26 10631 NW 41ST ST
27 Suite, Apt. #, etc.
28 City & State: Coral Springs, FL
29 Zip: 33065 30 Country: Broward

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KONASH, ELIZABETH MARSHALL
11520 NW 40 CT
CORAL SPRINGS FL 33065

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	~~HALL, TANYA~~	1.2 NAME	MARCIA FRANKLIN
STREET ADDRESS	~~1295 NW 114 AVE~~	1.3 STREET ADDRESS	7705 NW 18TH ST
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	1.4 CITY-ST-ZIP	MARGATE FL 33063
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	KONASH, STEVE	2.2 NAME	
STREET ADDRESS	11520 NW 40 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SHAW, RENNE	3.2 NAME	
STREET ADDRESS	8480 NW 2 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BERGDANL, PAUL F.	4.2 NAME	
STREET ADDRESS	10631 NW 41ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Paul Bergdahl 4/25/95 (305) 587-2490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone X23
Paul F Bergdahl

0040107