

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02058 (8)

1. Corporation Name

BOY SCOUTS POST 339 BOOSTER CLUB, INC



Principal Place of Business

Mailing Address

10631 NW 41ST STREET
CORAL SPRINGS FL 33065
US10631 NW 41ST STREET
CORAL SPRINGS FL 33065-2312
US3. Date Incorporated or Qualified
03/20/19843a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 1097 NW 82 TERRACE

26 1097 NW 82 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 CORAL SPRINGS FL

28 CORAL SPRINGS FL

24 33071

25 US

29 33071

30 US

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Robert S. Sharek

82 Street Address (P.O. Box Number is Not Acceptable)

1108 NW 116 Ave

83

84 City

Coral Springs

FL

85 Zip Code
33071

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

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

(NOTE: Registered Agent signature required when reinstating)

2/6/97

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FROMICIN, MARCIA	
STREET ADDRESS	7705 NW 18TH STREET	
CITY - ST - ZIP	MARGATE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KONASH, STEVE	
STREET ADDRESS	11520 NW 40 CT	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, RENNE	
STREET ADDRESS	8480 NW 2 ST	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PETROW, MICHAEL J.	
STREET ADDRESS	11210 NW 41ST ST	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Zvolensky	
2.3 STREET ADDRESS	2701 Riverside Dr. Apt 405	
2.4 CITY - ST - ZIP	Coral Springs, FL 33065	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Mize	
3.3 STREET ADDRESS	10422 NW 1 CT	
3.4 CITY - ST - ZIP	Coral Springs FL 33071	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GERSHONITZ, MICHAEL N.	
4.3 STREET ADDRESS	1097 NW 82 TERRACE	
4.4 CITY - ST - ZIP	CORAL SPRINGS, FL 33071	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

MICHAEL N. GERSHONITZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97

(954) 783-0863

Date

Daytime Phone # 0022396

CR2E037 (9/96)