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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02058** (8)

1. Corporation Name

BOY SCOUTS POST 339 BOOSTER CLUB, INC

Principal Place of Business

Mailing Address

**1097 NW 82 TERR
CORAL SPRINGS FL 33071
US**

**1097 NW 82 TERR
CORAL SPRINGS FL 33071
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/20/1984

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Marcia Fromkin

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

7705 NW 18 Court

83

84 City

Margate

FL

85 Zip Code

33063

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 **Marcia Fromkin**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-98

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **FROMKIN, MARCIA**
STREET ADDRESS **7705 NW 18TH STREET**
CITY-ST-ZIP **MARGATE FL**

TITLE **VD** ☐ DELETE

NAME **ZUOLEWSKY, ROBERT**
STREET ADDRESS **2701 RIVERSIDE DR, APT 405**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **SD** ☐ DELETE

NAME **MIZE, ROBERT N.**
STREET ADDRESS **10022 NW 1 CT**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **TD** ☐ DELETE

NAME **GERSHOWITZ, MICHAEL N.**
STREET ADDRESS **1097 NW 82 TERR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **FROMKIN, MARCIA**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Zvolensky Robert**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**11305 N.W 35 CT
CORAL SPRINGS FL 33065**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

10422 NW 1 CT

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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. GERSHOWITZ

TD

2/12/98

(954) 753-6018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)