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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02058

1. Corporation Name

BOY SCOUTS POST 339 BOOSTER CLUB, INC

Principal Place of Business

Mailing Address

~~1097 NW 82 TERR~~
~~CORAL SPRINGS FL 33071~~

~~1097 NW 82 TERR~~
~~CORAL SPRINGS FL 33071~~

8808 NW 3RD PLACE
CORAL SPRINGS, FL 33071

8808 NW 3RD PLACE
CORAL SPRINGS FL 33071



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

3. Date Incorporated or Qualified
03/20/1984

4. FEI Number
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**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FROMKIN, MARCIA
7705 NW 18TH COURT
MARGATE FL 33063

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 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 title if applicable.

Marcia Fromkin
(NOTE: Registered Agent signature required when reinstating)

1-12-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **ZVOLENSKY, ROBERT**
CITY-ST-ZIP **11305 NW 35TH CT**
CORAL SPRINGS FL 33065

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **MIZE, ROBERT N.**
CITY-ST-ZIP **10422 NW 1 CT**
CORAL SPRINGS FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **WALLACH, STEVEN B.**
CITY-ST-ZIP **8808 NW 3RD PL**
CORAL SPRINGS, FL 33071

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **TREASURER**
5.3 STREET ADDRESS **STEVEN WALLACH**
5.4 CITY-ST-ZIP **8808 NW 3RD PL**
CORAL SPRINGS, FL 33071

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: **MARCIA FROMKIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)