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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90213 012 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02058**

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

Principal Place of Business <del>1097 NW 82 TERR</del> <del>CORAL SPRINGS FL 33071</del> US <b>8908 NW 3<sup>rd</sup> PLACE</b> <b>CORAL SPRINGS, FL 33071</b>	Mailing Address <del>1097 NW 82 TERR</del> <del>CORAL SPRINGS FL 33071</del> US <b>8908 NW 3<sup>rd</sup> PLACE</b> <b>CORAL SPRINGS FL 33071</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/20/1984</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Country	29 Country	30 Country
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9. Name and Address of Current Registered Agent

**FROMKIN, MARCIA**  
**7705 NW 18TH COURT**  
**MARGATE FL 33063**

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 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* *Marcia Fromkin* DATE **1-12-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FROMKIN, MARCIA	
STREET ADDRESS	7705 NW 18TH STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZVOLENSKY, ROBERT	
STREET ADDRESS	11305 NW 35TH CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MIZE, ROBERT N.	
STREET ADDRESS	10422 NW 1 CT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GERSHOWITZ, MICHAEL N.	
STREET ADDRESS	1097 NW 82 TERR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	WALLACH, STEVEN B.	
STREET ADDRESS	8908 NW 3 <sup>rd</sup> PL	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TREASURER
5.3 STREET ADDRESS	STEVEN WALLACH
5.4 CITY-ST-ZIP	8908 NW 3 <sup>rd</sup> PL CORAL SPRINGS, FL 33071
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 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 REQUIRED: *Marcia Fromkin* DATE: **1-12-99** DAYTIME PHONE: **954-972-0287**

CR2E037 (11/98)