

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000392

FILED
Jan 05, 2006
Secretary of State

Entity Name: BOOSTERS OF CUB SCOUT PACK 100, INC.

Current Principal Place of Business:

8181 W BROWARD BLVD, STE 300
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8181 W BROWARD BLVD, STE 300
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 74-3113934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKCITY, MICHAEL R
8181 W BROWARD BLVD, STE 300
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, PAULA
Address: 7670 ATLANTA ST
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: PROELING, DAVID
Address: 10821 NW 17TH PLACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: MANN, LAURA
Address: 13221 SW 32 CT
City-St-Zip: DAVIE, FL 33330

Title: TD () Delete
Name: TAYLOR, LISA
Address: 15830 N SEDGEWICK CIR
City-St-Zip: DAVIE, FL 33331

Title: SD () Delete
Name: BRITTAINE, KAREN
Address: 14752 VISTA LUNA DR
City-St-Zip: DAVIE, FL 33325

Title: VP () Delete
Name: PROELING, ELISA
Address: 10821 NW 17TH PLACE
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA WILSON

PD

01/05/2006

Electronic Signature of Signing Officer or Director

Date