

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000392

FILED  
Jan 13, 2008  
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:**

7670 ATLANTA STREET  
HOLLYWOOD, FL 33024

**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: VP ( ) Delete  
Name: SPIRITI, DENISE  
Address: 3346 SW 181ST TERR  
City-St-Zip: MIRAMAR, FL 33029

Title: TD ( ) Delete  
Name: GIBSON, TRACEE  
Address: 8251 NW 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete  
Name: LONG, WILLIAM  
Address: 870 CUMBERLAND TERR  
City-St-Zip: DAVIE, FL 33325

Title: SD ( ) Delete  
Name: MANDA, CAROLYN  
Address: 15900 N WIND CIRCLE  
City-St-Zip: SUNRISE, FL 33326

Title: D ( ) Delete  
Name: KOELSCH, MICHELLE  
Address: 960 NW 202ND LANE  
City-St-Zip: PEMBROKE PINES, FL 33029

**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: D (X) Change ( ) Addition  
Name: MONGEOTTI, ANGEL  
Address: 17351 SW 7TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

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 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

01/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date