# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2009**
**Secretary of State**

DOCUMENT# N04000000392

**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: | MONGEOTTI, ANGEL | |
| Address: | 17351 SW 7TH STREET | |
| City-St-Zip: | PEMBROKE PINES, FL 33029 | |
| 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: | ( ) Change ( ) Addition |
| Name: | |
| 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 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 01/08/2009

Electronic Signature of Signing Officer or Director — Date