## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N04000003530

Entity Name: TROOP 76, INC.

RI FILED
May 06, 2009
Secretary of State

Current Principal Place of Business: New Principal	Place of Business:
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ST. PHILIPS EPISCOPAL CHURCH 1142 CORAL WAY CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

ST. PHILIPS EPISCOPAL CHURCH 1142 CORAL WAY CORAL GABLES, FL 33134

FEI Number: 20-1471880 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VARGAS, PRISCILLA ESQ. 12230 S.W. 68 AVENUE PINECREST, FL 33156 US

**OFFICERS AND DIRECTORS:** 

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

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## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 FAMULARI, DAVID ESQ.
 Name:
 MARTINI, GREGORY ESQ.

 Address:
 200 S BISCAYNE BLVD, STE 300
 Address:
 6120 CHAPMAN FIELD DRIVE

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:
 PINECREST, FL 33156

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: RUBIO, CARMELO Name: LOPEZ, ALDIS

Address: 1401 TANGIER STREET Address: 7745 SW 138 TERRACE
City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: PALMETTO BAY, FL 33158

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 VARGAS, PRISCILLA
 Name:

 Address:
 12230 SW 68 AVE
 Address:

 City-St-Zip:
 PINECREST, FL 33156
 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: PRISCILLA VARGAS DIR 05/06/2009