

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 11, 2006
Secretary of State

DOCUMENT# N05000001784

Entity Name: FRIENDS OF TROOP 840, INC.

Current Principal Place of Business:PO BOX 1393
PALM CITY, FL 34991**New Principal Place of Business:**3227 SW REILLY AVENUE
PALM CITY, FL 34990**Current Mailing Address:**PO BOX 1393
PALM CITY, FL 34991**New Mailing Address:**3227 SW REILLY AVENUE
PALM CITY, FL 34990

FEI Number: 20-3726066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LAVARGNA, CARRIE
401 E. OSCEOLA ST., LOWER LEVEL
STUART, FL 34994 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: P,D () Delete
Name: GORDON, JOHN
Address: PO BOX 1393
City-St-Zip: PALM CITY, FL 34991Title: S () Delete
Name: LAVARGNA, CARRIE
Address: PO BOX 1393
City-St-Zip: PALM CITY, FL 34991Title: D () Delete
Name: NORWILLO, ROBERT
Address: 9122 SE DUNCAN STREET
City-St-Zip: HOBE SOUND, FL 33455Title: D () Delete
Name: COLONA, DAVID
Address: 11565 SW MEADOWLARK CIRCLE
City-St-Zip: STUART, FL 34997Title: D () Delete
Name: TOLVE, KENNETH
Address: 5101 SE STERLING CIRCLE
City-St-Zip: STUART, FL 34997Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP,D (X) Change () Addition
Name: FULLER, TIM
Address: 4064 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D,T (X) Change () Addition
Name: BITTEL, DON
Address: 3227 SW REILLY AVENUE
City-St-Zip: PALM CITY, FL 34990Title: D,S () Change (X) Addition
Name: REGAN, GERRI
Address: 5691 SE HULL STREET
City-St-Zip: STUART, FL 34997

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: DON BITTEL

D,T

10/11/2006

Electronic Signature of Signing Officer or Director

Date