

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N05000001784

1. Entity Name
FRIENDS OF TROOP 840, INC.



Principal Place of Business
**3227 SW REILLY AVENUE
PALM CITY, FL 34990**

Mailing Address
**3227 SW REILLY AVENUE
PALM CITY, FL 34990**



01252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3726066

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAVARGNA, CARRIE
401 E. OSCEOLA ST., LOWER LEVEL
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

~~05/03/07-80049-1531.25~~
~~00000726270~~
~~05/03/07-80049-026 61.25~~

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P,D
GORDON, JOHN
PO BOX 1393
PALM CITY, FL 34991**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP,D
FULLER, TIM
4064 SE FAIRWAY EAST
STUART, FL 34997**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
NORWILLO, ROBERT
9122 SE DUNCAN STREET
HOBE SOUND, FL 33455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
COLONA, DAVID
11565 SW MEADOWLARK CIRCLE
STUART, FL 34997**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D,T
BITTEL, DON
3227 SW REILLY AVENUE
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D,S
REGAN, GERI
5691 SE HULL STREET
STUART, FL 34997**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don Bittel **DON BITTEL**

Date

4/14/07

Daytime Phone #

772-521-4601