2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000001784

1. Entity Name
FRIENDS OF TROOP 840, INC.

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

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01132008 No Chg-NP CR2E037 (4/06)

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

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000911085
05/07/08-80026-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	P,D
NAME	GORDON, JOHN
STREET ADDRESS	PO BOX 1393
CITY-ST-ZIP	PALM CITY, FL 34991
TITLE	VP,D
NAME	FULLER, TIM
STREET ADDRESS	4064 SE FAIRWAY EAST
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	NORWILLO, ROBERT
STREET ADDRESS	9122 SE DUNCAN STREET
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D
NAME	COLONA, DAVID
STREET ADDRESS	11565 SW MEADOWLARK CIRCLE
CITY-ST-ZIP	STUART, FL 34997
TITLE	D,T
NAME	BITTEL, DON
STREET ADDRESS	3227 SW REILLY AVENUE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D,S
NAME	REGAN, GERI
STREET ADDRESS	5691 SE HULL STREET
CITY-ST-ZIP	STUART, FL 34997

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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 4/8/08 772-521-4601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #