

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001784

FILED
Feb 25, 2009
Secretary of State

Entity Name: FRIENDS OF TROOP 840, INC.

Current Principal Place of Business:

3227 SW REILLY AVENUE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

3227 SW REILLY AVENUE
PALM CITY, FL 34990

New Mailing Address:

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 34991

Title: VP,D () Delete
Name: FULLER, TIM
Address: 4064 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: NORWILLO, ROBERT
Address: 9122 SE DUNCAN STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: COLONA, DAVID
Address: 11565 SW MEADOWLARK CIRCLE
City-St-Zip: STUART, FL 34997

Title: D,T () Delete
Name: BITTEL, DON
Address: 3227 SW REILLY AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: D,S () Delete
Name: REGAN, GERI
Address: 5691 SE HULL STREET
City-St-Zip: STUART, FL 34997

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
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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: DON BITTEL

D. T

02/25/2009

Electronic Signature of Signing Officer or Director

Date