

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007104

FILED  
May 01, 2006  
Secretary of State

Entity Name: TROOP 95, KISSIMMEE, INC.

**Current Principal Place of Business:**

112 CELAVA COURT  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

112 CELAVA COURT  
KISSIMMEE, FL 34743

**New Mailing Address:**

FEI Number: 14-1933894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CAMACHO, NORBERT  
112 CELAVA COURT  
KISSIMMEE, FL 34743      US

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: D      ( ) Delete  
Name: CAMACHO, NORBERT  
Address: 112 CELAVA COURT  
City-St-Zip: KISSIMMEE, FL 34743

Title: D      ( ) Delete  
Name: JOSE, THOMAS  
Address: 1840 KINGS POINT BLVD.  
City-St-Zip: KISSIMMEE, FL 34744

Title: D      ( ) Delete  
Name: LORAH, ROGETTE  
Address: 259 MANTE DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

Title: D      ( ) Delete  
Name: NYE, PAULINE  
Address: 122 LAKEPOINTE CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

**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  
Name:  
Address:  
City-St-Zip:

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: PAULINE NYE

D

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date