

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002217

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: BOY SCOUT TROOP 823, INC.

## Current Principal Place of Business:

4550 IRONSTONE CR  
ORLANDO, FL 32812

## New Principal Place of Business:

## Current Mailing Address:

4550 IRONSTONE CR  
ORLANDO, FL 32812

## New Mailing Address:

FEI Number: 76-0820915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILLOTTE, TIM  
4550 IRONSTONE CR  
ORLANDO, FL 32812 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: PD ( ) Delete  
Name: WHITE, BRAD  
Address: 1089 PROVIDENCE LN  
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete  
Name: CONBOY, PAUL  
Address: 25 KEPNER ST  
City-St-Zip: ORLANDO, FL 32839

Title: STD ( ) Delete  
Name: GILLOTTE, TIM  
Address: 4550 IRONSTONE CR  
City-St-Zip: ORLANDO, FL 32812

Title: C ( ) Delete  
Name: WHITE, CAROLYN  
Address: 1089 PROVIDENCE LN  
City-St-Zip: OVIEDO, FL 32765

## 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 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: TIM GILLOTTE

STD

04/30/2008

Electronic Signature of Signing Officer or Director

Date