

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007384

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: TROOP 12, INC.

**Current Principal Place of Business:**

205 2ND AVE  
LUTZ, FL 33549

**New Principal Place of Business:**

205 2ND AVE SE  
LUTZ, FL 33549

**Current Mailing Address:**

P O BOX 7  
LUTZ, FL 33548 00

**New Mailing Address:**

FEI Number: 51-0597026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JACKSON, ROBERT P  
16714 HANNA RD  
LUTZ, FL 33549 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: D ( ) Delete  
Name: JACKSON, ROBERT P  
Address: 16714 HANNA RD  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: GENOVESE, DONALD R  
Address: 19910 DEER LAKE RD  
City-St-Zip: LUTZ, FL 33548

Title: D ( ) Delete  
Name: MORSE, JOHN W  
Address: 18573 KINGBIRD DR  
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete  
Name: HISAMOTO, JOHN A  
Address: 22819 SOUTHSORE DR  
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete  
Name: WEBSTER, DOUGLAS R  
Address: 516 OLD GROVE DR  
City-St-Zip: LUTZ, FL 33548

**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:

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: ROBERT P. JACKSON

D

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date