

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010544

FILED
Mar 20, 2009
Secretary of State

Entity Name: CUB SCOUT PACK 543 INC.

Current Principal Place of Business:

126 WILSON BAY CT.
SANFORD, FL 32771

New Principal Place of Business:

301 S. OAK AVENUE
SANFORD, FL 32771

Current Mailing Address:

126 WILSON BAY CT.
SANFORD, FL 32771

New Mailing Address:

301 S. OAK AVENUE
SANFORD, FL 32771

FEI Number: 61-1487568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, CHERYL L
126 WILSON BAY CT.
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

ONDASH, KIMBERLY
102 SUGAR MAPLE CT
SANFORD, FL 32773 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: KIMBERLY ONDASH

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, CHERYL L
Address: 126 WILSON BAY CT.
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: MOORE, RENEE
Address: 2778 BLUE RAVEN CT
City-St-Zip: LAKE MARY, FL 32746

Title: CC () Delete
Name: PEARSON, VICKIE
Address: 115 SUNSET DR.
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITE, JODENE
Address: 300 LAKE BLVD
City-St-Zip: SANFORD, FL 32773

Title: VP (X) Change () Addition
Name: ONDASH, KIMBERLY
Address: P O BOX 895
City-St-Zip: SANFORD, FL 32772

Title: T (X) Change () Addition
Name: ELVESTER, HANNAH
Address: 1229 CATHCART CIR
City-St-Zip: SANFORD, FL 32771

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: KIMBERLY ONDASH

VP

03/20/2009

Electronic Signature of Signing Officer or Director

Date