2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# N07000006527

Entity Name: CUB SCOUT PACK 239 INC

Current Principal Place of Business:

9754 OSPREY LANDING DR
ORLANDO, FL 32832 US

New Principal Place of Business:

Current Mailing Address:

9754 OSPREY LANDING DR
ORLANDO, FL 32832 US

New Mailing Address:

FEI Number: 26-0455874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JOANN M
9754 OSPREY LANDING DR
ORLANDO, FL 32832 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:	CM	( ) Delete
Name:	BERRIOS, ERIBELTO	
Address:	8999 VICTORIA ISLE PL	
City-St-Zip:	ORLANDO, FL 32829	
Title:	CC	( ) Delete
Name:	SMITH, JOANN M	
Address:	9754 OSPREY LANDING DR	
City-St-Zip:	ORLANDO, FL 32832 US	
Title:	AC	( ) Delete
Name:	ALLISON, SHEILA K	
Address:	9754 OSPREY LANDING DR	
City-St-Zip:	ORLANDO, FL 32832	
Title:	TREA	( ) Delete
Name:	LOPEZ, ODETTE	
Address:	2879 CONWAY RD APT. 351	
City-St-Zip:	ORLANDO, FL 32815	
Title:	SEC	( ) Delete
Name:	ADAMS, SHANNON	
Address:	5947 MILFORD HAVEN PL	
City-St-Zip:	ORLANDO, FL 32829	
Title:	COM	( ) Delete
Name:	BERRIOS, GRACE	
Address:	8999 VICTORIA ISLE PL	
City-St-Zip:	ORLANDO, FL 32829	

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:	
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: JOANN M SMITH CC 03/13/2008

Electronic Signature of Signing Officer or Director — Date