2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003613

Entity Name: TROOP 150 INC, BOY SCOUTS OF AMERICA

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

150 SOUTH LOWDER ST. MACCLENNY, FL 32063

Current Mailing Address: New Mailing Address:

PO BOX 1745 PO BOX 1800

GLEN ST MARY, FL 32040 GLEN ST MARY, FL 32040

FEI Number: 26-1988129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WILLING, MARGARET M CHRISTOPHERSON, MARGARET M 6080 SUŃSHINE LN 6080 SUNSHINE LN

GLEN ST MARY, FL 32040 US GLEN ST MARY, FL 32040

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: MARGARET M. CHRISTOPHERSON 04/10/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WILLING, MARGARET M CHRISTOPHERSON, MARGARET M Name: Name:

PO BOX 1745 Address: PO BOX 1745 Address: GLEN ST MARY, FL 32040

City-St-Zip: City-St-Zip: GLEN ST MARY, FL 32040

Title: SM Title: (X) Change () Addition () Delete SHEPPARD, GREGORY M Name: Name: CHRISTOPHERSON, RICHARD A Address: 14409 JACK DUGGER RD Address: PO BOX 1745

City-St-Zip: SANDERSON, FL 32087 City-St-Zip: GLEN ST MARY, FL 32040

Title: () Delete Title: () Change (X) Addition

Name: WATSON, ANN Name: Address: Address: PO BOX 1800

City-St-Zip: City-St-Zip: GLEN ST MARY, FL 32040

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: RICHARD A. CHRISTOPHERSON SM 04/10/2009

Electronic Signature of Signing Officer or Director

Date