

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005280

FILED
Apr 21, 2005
Secretary of State

Entity Name: FRIENDS OF JENSEN BEACH SCOUTING, INC.

Current Principal Place of Business:

3452 NE SKYLINE DR
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

3452 NE SKYLINE DR
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 65-0810001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILTON, C N
1935 N.E. RICOU TERRACE
JENSEN BEACH, FL 34957 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: WIGLEY, RANDY
Address: 1200 SEASHELL LANE
City-St-Zip: STUART, FL 34996

Title: VD () Delete
Name: BREWER, JOHN J
Address: 1021 EAST 18TH STREET
City-St-Zip: STUART, FL 34996

Title: SD () Delete
Name: JAWORSK, RAYMOND
Address: 468 NW MOSSY OAK WAY
City-St-Zip: JENSEN BEACH, FL 34957

Title: PD () Delete
Name: SCHROEDER, JOAN
Address: 3452 SKYLINE DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD () Delete
Name: MCGAVOCK, JOSEPH J
Address: 2183 NE MARLBERRY LN
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: GOOVER, MICHAEL
Address: 108 COVE VIEW
City-St-Zip: STUART, FL 34994

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: D (X) Change () Addition
Name: GEEVER, MICHAEL
Address: 108 COVE VIEW
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH J MCGAVOCK

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04/21/2005

Electronic Signature of Signing Officer or Director

Date