## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005280

FILED Jan 18, 2008 Secretary of State

Entity Name: FRIENDS OF JENSEN BEACH SCOUTING, INC.

Current Principal Place of Business:		New Principa	New Principal Place of Business:	
	SKYLINE DR BEACH, FL 34957			
Current M	lailing Address:	New Mailing	Address:	
	SKYLINE DR BEACH, FL 34957			
FEI Number	: 65-0810001 FEI Number Applied For ( )	FEI Number Not Applicat	ole ( ) Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Ad	Idress of New Registered Agent:	
JENSEN E The above	RICOU TERRACE BEACH, FL 34957 US  named entity submits this statement for the p	urpose of changing its r	egistered office or registered agent, or both,	
n the State SIGNATUI	e of Florida. DE:			
JIOINATOI	Electronic Signature of Registered Age	nt	 Date	
OFFICERS AND DIRECTORS:		ADDITIONS/6	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( ) Delete AHERN, KATHY 1119 NW FORK RD STUART, FL 34994	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VD ( ) Delete GORSUCH, CHUCK 2950 SE DARIEN RD PORT ST. LUCIE, FL 34952	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD ( ) Delete JAWORSKI, RAYMOND 468 NW MOSSY OAK WAY JENSEN BEACH, FL 34957	Address: 96	D (X) Change ( ) Addition AWORSKI, RAYMOND 68 NW MOSSY OAK WAY ENSEN BEACH, FL 34957	
Title: Name: Address: Dity-St-Zip:	PD ( ) Delete SCHROEDER, JOAN 3452 SKYLINE DRIVE JENSEN BEACH, FL 34957	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	TD ( ) Delete MCGAVOCK, JOSEPH J 2183 NE MARLBERRY LN JENSEN BEACH, FL 34957	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D ( ) Delete GEEVER, MICHAEL 108 COVE VIEW STUART, FL 34994	Address: 24	(X) Change()Addition OOTY, LEE 470 NE PINECREST LAKES BLVD. ENSEN BEACH, FL 34957	

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: JOSEPH J MCGAVOCK T 01/18/2008