
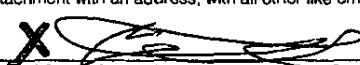


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90003 015 ****61.25

DOCUMENT # N98000005509 1. Entity Name BOY SCOUTS OF AMERICA, TROOP 16, ST. THERESA SCHOOL, INC.					
Principal Place of Business 2711 INDIAN MOUND TERRACE CORAL GABLES, FL 33134			Mailing Address 710 SOUTH DIXIE HWY. CORAL GABLES, FL 33146		
2. Principal Place of Business Suite, Apt. #, etc.:			3. Mailing Address Suite, Apt. #, etc.:		
City & State			City & State		
Zip		Country		4. FEI Number 65-0866569	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARAN, FERNANDO S 710 SOUTH DIXIE HWY. CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				Signature _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MENENDEZ, ALBERT A <input checked="" type="checkbox"/> Delete 2711 INDIAN MOUND TERRACE CORAL GABLES, FL 33134			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD URGATE, JORGE <input checked="" type="checkbox"/> Delete 2711 INDIAN MOUND TERRACE CORAL GABLES, FL 33134			YPSD NULO PUENTES <input type="checkbox"/> Change <input type="checkbox"/> Addition 1220 MARIANA, AV. CORAL GABLES FLORIDA, 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PARDO, FELIX <input type="checkbox"/> Delete 421 CADIMA AVE. CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PARDO, CHRISTOPHER <input type="checkbox"/> Delete 421 CADIMA AVE. CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 7/1/04 (305) 442-1241	

54067436



06182004 Chg-NP CR2E037 (10/03)

FL Zip Code