

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005718

FILED  
May 30, 2007  
Secretary of State

Entity Name: SCOUT OF THE YEAR FOUNDATION, INC.

## Current Principal Place of Business:

P.O. BOX 211585  
WEST PALM BEACH, FL 334211585

## New Principal Place of Business:

205 WESTWOOD CIRCLE EAST  
WEST PALM BEACH, FL 334111585

## Current Mailing Address:

P.O. BOX 211585  
WEST PALM BEACH, FL 334211585

## New Mailing Address:

FEI Number: 65-0869657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

COMITER, RICHARD  
222 LAKEVIEW AVE STE 200  
WEST PALM BEACH, FL 33401 US

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: TD ( ) Delete  
Name: MAZUR, RONALD P II  
Address: P O BOX 211585  
City-St-Zip: W PALM BCH, FL 334211585

Title: PD ( ) Delete  
Name: MAZUR, ROBERTA  
Address: P.O. BOX 211585  
City-St-Zip: WEST PALM BEACH, FL 334211585

Title: SD ( ) Delete  
Name: KLEIN, JOE  
Address: P.O. BOX 211585  
City-St-Zip: WEST PALM BEACH, FL 334211585

Title: VD ( ) Delete  
Name: RINGOLSBY, TRACY  
Address: P O BOX 211585  
City-St-Zip: W PALM BEACH, FL 334211585

## 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:

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: ROBERTA MAZUR

PRES

05/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date