2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N98000005718

Entity Name: SCOUT OF THE YEAR FOUNDATION, INC.

Current Principal Place of Business:

205 WESTWOOD CIRCLE EAST
WEST PALM BEACH, FL 334111585

New Principal Place of Business:

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 ( )**

Name and Address of Current Registered Agent:

COMITER, RICHARD
222 LAKEVIEW AVE STE 200
WEST PALM BEACH, FL 33401 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: 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 04/30/2009

Electronic Signature of Signing Officer or Director — Date