2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N98000006013

Entity Name: QUINCY SCOUT HUT, INC.

Current Principal Place of Business:

14 W. FRANKLIN ST.
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

2040 MARTIN LUTHER KING BLVD
QUINCY, FL 32351

New Mailing Address:

FEI Number: 59-0624370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINSON, EDWARD W III
510 HIGHLAND AVE
QUINCY, FL 32351 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:	DPV	( ) Delete
Name:	FALLIS, CLAY	
Address:	RT.5 BOX 67C	
City-St-Zip:	QUINCY, FL 32351	
Title:	DVP	( ) Delete
Name:	MOCK, MIKE	
Address:	108 N. VIRGINIA ST.	
City-St-Zip:	QUINCY, FL 32351	
Title:	DST	( ) Delete
Name:	MOCK, WILLIAM B JR	
Address:	416 NORTH 11TH ST.	
City-St-Zip:	QUINCY, FL 32351	
Title:	DP	( ) Delete
Name:	MCCALL, FRANCES L	
Address:	321 NORTH 9TH ST.	
City-St-Zip:	QUINCY, FL 32351	
Title:	D	( ) Delete
Name:	MCCALL, PATRIC	
Address:	321 NORTH 9TH ST.	
City-St-Zip:	QUINCY, FL 32351	
Title:	D	( ) Delete
Name:	MATHEWS, RICHARD	
Address:	PO BOX 355	
City-St-Zip:	GREENSBORO, FL 32330	

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:	( ) 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: CLAY FALLIS DPV 04/07/2009

Electronic Signature of Signing Officer or Director — Date