FILE NOW: FILING FEE IS $61.25

FILED
Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737087 (7)

1. Corporation Name
CAMP ENDEAVOR, INC.

Principal Place of Business	Mailing Address
801 8TH ST. SOUTH P.O. BOX 910 DUNDEE FL 33838	P O BOX 910 P.O. BOX 910 DUNDEE FL 33838-0910 US

3. Date Incorporated or Qualified: 10/20/1976
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business
21 1301 Southern Rd
Suite, Apt. #, etc. 22
City & State 23 Dundee FL
Zip 24 33838 Country 25 US

2a. Mailing Address
26 POBox 910
Suite, Apt. #, etc. 27
City & State 28 Dundee FL
Zip 29 33838 Country 30 US

4. FEI Number: 59-1705990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOSES, TERRY W.
43A WEST GROVE DR.
LAND O LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name: Norman B. Cover
82 Street Address (P.O. Box Number is Not Acceptable): 70 Greenfield Ct
83
84 City: Winter Haven FL 85 Zip Code: 33884

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: N B Cover N.B. COVER 1-6-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MAZZUCO, LORETTA		1.2 NAME		
STREET ADDRESS	9750 SUNBEAM DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	34654	
TITLE	PD	☐ DELETE	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	COVER, NORMAN		2.2 NAME		
STREET ADDRESS	1825 SIXTH ST. SE		2.3 STREET ADDRESS	70 Greenfield Ct.	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	BICKER, RANDALL C		3.2 NAME	DORIS FLEMING	
STREET ADDRESS	101 24 ST SW		3.3 STREET ADDRESS	PO Box 1425 N/A	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	Dunnellon FL 34430	
TITLE	VD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HARTMAN, EARL		4.2 NAME		
STREET ADDRESS	P.O. BOX 1341, N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNDEE FL		4.4 CITY-ST-ZIP	33838	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	BOUTWELL, LISA		5.2 NAME	PATTI MARKS	
STREET ADDRESS	RT. 2 BOX 2228		5.3 STREET ADDRESS	15267 VALERIE CT	
CITY-ST-ZIP	BELL FL 32619		5.4 CITY-ST-ZIP	Brooksville FL 34613	
TITLE	CD	☒ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME	SCHRAMM, LAWRENCE		6.2 NAME	MICHAEL SHORETTE	
STREET ADDRESS	68 FOURTH ST. NW		6.3 STREET ADDRESS	333 SIXTH ST SW	
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	WINTER HAVEN FL 33880	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: N B Cover N.B. COVER 1-6-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0053587