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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
1301 SOUTHERN RD DUNDEE FL 33838 US	P O BOX 910 DUNDEE FL 33838 US

3. Date Incorporated or Qualified: 10/20/1976

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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: Mazzuco, Loretta R.
82 Street Address (P.O. Box Number is Not Acceptable): 9750 SUNBEAM DRIVE
83:
84 City: New Port Richey FL 85 Zip Code: 34654

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: Loretta R Mazzuco — 2-11-98
(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	PD	☐ DELETE	1.1 TITLE		☐ 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		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COVER, NORMAN		2.2 NAME		
STREET ADDRESS	70 GREENFIELD CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	FLEMING, DORIS		3.2 NAME	BROWNELL DORIS	
STREET ADDRESS	PO BOX 1435 N/A		3.3 STREET ADDRESS	PO BOX 1435, N/A	
CITY-ST-ZIP	DUNNELLON FL		3.4 CITY-ST-ZIP	DUNNELLON, FL	
TITLE	VD	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HARTMAN, EARL		4.2 NAME	NEL PERCY	
STREET ADDRESS	P.O. BOX 1341, N/A		4.3 STREET ADDRESS	PO BOX 1027, N/A	
CITY-ST-ZIP	DUNDEE FL		4.4 CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	MARKS, PATTI		5.2 NAME	THELMA HENRY	
STREET ADDRESS	15267 VALERIE CT		5.3 STREET ADDRESS	112 HOLMES PL	
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MICHAEL, SHORETTE		6.2 NAME		
STREET ADDRESS	333 SIXTH ST SW		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Loretta R Mazzuco — 2-11-98 — 813 869-7070