FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State
02-25-1999 90095 019 ****61.25

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DOCUMENT # 737087

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/20/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1705990 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAZZUCO, LORETTA R
9750 SUNBEAM DR
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	VD	☐ Change ☒ Addition
NAME	GROWNELL, DORIS		3.2 NAME	BURCH, FREDERICK	
STREET ADDRESS	PO BOX 1435 N/A		3.3 STREET ADDRESS	14220 66th St N Ste C	
CITY-ST-ZIP	DUNNELLON FL		3.4. CITY-ST-ZIP	Clearwater, FL 34624	
TITLE	D	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	PERCY, MEL		4. 2 NAME		
STREET ADDRESS	P O BOX 1027		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNDEE FL 33828		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HENRY, THELMA		5.2 NAME		
STREET ADDRESS	112 HOLMES PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	MICHAEL, SHORETTE		6.2 NAME	MICHAEL SHORETTE	
STREET ADDRESS	333 SIXTH ST SW		6.3 STREET ADDRESS	333 SIXTH ST SW	
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	WINTER HAVEN FLA	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED 1/1/99 941-297-9566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #