2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90012 017 ****61.25

DOCUMENT # 737087

1. Entity Name

SERTOMA CAMP ENDEAVOR, INC.

Principal Place of Business	Mailing Address
1301 CAMP ENDEAVOR BLVD DUNDEE FL 33838 US	P O BOX 910 DUNDEE FL 33838 US

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAZZUCO, LORETTA R 9750 SUNBEAM DR NEW PORT RICHEY FL 34654	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COVER, N B 70 GREENFIELD COURT WINTER HAVEN FL 33884	☒ Delete	D ROGERS, Ray 2121 Winterset Rd Winter Haven FL 33884-3161	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DAY, DANIEL 1536 RAINSVILLE STSE PALM BAY FL 32909-5217	☐ Delete	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HILL, J T 510 BAY STREET NEPTUNE BEACH FL 32266	☒ Delete	D Irwin, Carl P O Box 47273 Tampa FL 33647	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BECK, LAURICE 5817 HATCHINEHA RD HAINES CITY FL 33844	☐ Delete	S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOSES, TERRY W 22020 HEATHER WOOD LANE LAND O LAKES FL 34639	☐ Delete	C	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRICE, R. GARY P.O. BOX 9087 WINTER HAVEN FL 33883	☐ Delete	T	☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. Moses T. Moses 1-31-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #