2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90067 039 ****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

01212005 Chg-NP CR2E037 (10/03)

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)

Filing Fee is $61.25
Due by May 1, 2005

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 ROGEAS, RAY 2121 WINTERSET RD. WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rogers, Ray ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DAY, DANIEL 1536 RAINSVILLE STSE PALM BAY, FL 329095217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IRWIN, CARL PO BOX 47223 TAMPA, FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BECK, LAURICE 5817 HATCHINEHA RD HAINES CITY, FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MOSES, TERRY W 22020 HEATHER WOOD LANE LAND O LAKES, FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRICE, R. GARY P.O. BOX 9087 WINTER HAVEN, FL 33883	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ☒ 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: R. Gary Price 3/24/05 863.299.5638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #