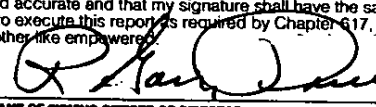


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 1301 CAMP ENDEAVOR BLVD DUNDEE, FL 33838 US				Mailing Address P O BOX 910 DUNDEE, FL 33838 US	
2. Principal Place of Business		3. Mailing Address		 01212005 Chg-NP CR2E037 (10/03)	
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 MAZZUCO, LORETTA R 9750 SUNBEAM DR NEW PORT RICHEY, FL 34654				7. Name and Address of New Registered Agent 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 _____ 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					
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	VPD DAY, DANIEL 1536 RAINSVILLE STSE PALM BAY, FL 329095217	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, CARL PO BOX 47223 TAMPA, FL 33647	☒ Delete			
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	C MOSES, TERRY W 22020 HEATHER WOOD LANE LAND O LAKES, FL 34639	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICE, R. GARY P.O. BOX 9087 WINTER HAVEN, FL 33883	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rogers, Ray ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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 empowerments.					
SIGNATURE: R. Gary Price 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3/24/05 Daytime Phone # 863.299.5638					