

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:33

DOCUMENT # 766711 (6)

1. Corporation Name

LAND O' SUNSHINE CAMP CHERITH, INC.

Principal Place of Business

Mailing Address

7508 SUMMERBRIDGE DR.
TAMPA FL 33634

7508 SUMMERBRIDGE DR.
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1983

3a. Date of Last Report

03/16/1994

4. FEI Number

59-2258535

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINES, JAMES P.
315 HYDE PARK AVE.
TAMPA FL 33606

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BONARD, LINDA
STREET ADDRESS 7508 SUMMERBRIDGE DRIVE
CITY- ST- ZIP TAMPA, FL 33634

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE SD
NAME ~~BROWN, DORIS~~
STREET ADDRESS ~~6048 SLEIGHBELL LANE~~
CITY- ST- ZIP ~~NEW PORT RICHEY FL~~

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☒ Change ☐ Addition

SD
Houchen, Donna
3420 Cullendale Drive
Tampa, FL 33618

TITLE TD
NAME HARK, GERI
STREET ADDRESS 3014 ST. JOHN DRIVE
CITY- ST- ZIP CLEARWATER FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VD
NAME ~~FENBY, JANE~~
STREET ADDRESS ~~17001 SHADY PINES DRIVE~~
CITY- ST- ZIP ~~LUTZ FL~~

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☒ Change ☐ Addition

VD
Hart, Ralph
11300 Malaga Drive
Largo, FL 34644

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Linda B. Bonard, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA B. BONARD

1-19-95

(813) 886-0794

Date

(My/His/Her Name)