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 90008 029 ****61.25

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DOCUMENT # 766711

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
01/26/1983

4. FEI Number
59-2258535
☐ Applied For
☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

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

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	HOUCHEN, DONNA		1.2 NAME		
STREET ADDRESS	3420 CULLENDALE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	HARK, GERI		2.2 NAME	Spence, Nicole	
STREET ADDRESS	3014 ST. JOHN DRIVE		2.3 STREET ADDRESS	7312 Summerbridge Drive	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Tampa, FL 33634	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOCH, KAREN		3.2 NAME		
STREET ADDRESS	9625 FOX HEARST RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	HACQUEBORD, JOAN		4.2 NAME	Bitting, Michael	
STREET ADDRESS	4802 WYNWOOD DR.		4.3 STREET ADDRESS	15920 Marshfield Drive	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL 33624	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED Donna Houchen PRESIDENT 1/6/99 (813) 962-0966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #