# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 22, 2005**
**Secretary of State**

DOCUMENT# 766711

**Entity Name:** LAND O' SUNSHINE CAMP CHERITH, INC.

**Current Principal Place of Business:**

17001 SHADY PINES DR.
LUTZ, FL 33549

**New Principal Place of Business:**

**Current Mailing Address:**

3880 GADSDEN RD.
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number: 59-2258535** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete
Name: THOMPSON, EDWARD
Address: 3880 GADSEN RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD ( ) Delete
Name: KOCH, KAREN
Address: 15920 MARSHFIELD DR
City-St-Zip: TAMPA, FL 33624

Title: PD ( ) Delete
Name: MASTRONICOLA, ARTHUR
Address: 12626 WILLOUGHBY LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete
Name: HOUCHEN, DONNA
Address: 16013 CHASTAIN ROAD
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition
Name: THOMPSON, EDWARD
Address: 3880 GADSDEN RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD L. THOMPSON TD 03/22/2005

Electronic Signature of Signing Officer or Director — Date