

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90126 036 *****61.25

DOCUMENT # 766711

1. Entity Name

LAND O' SUNSHINE CAMP CHERITH, INC.



Principal Place of Business

**7508 SUMMERBRIDGE DR.
TAMPA FL 33634**

Mailing Address

**7508 SUMMERBRIDGE DR.
TAMPA FL 33634**

2. Principal Place of Business

17001 Shady Pines Dr

Suite, Apt. #, etc.

3. Mailing Address

3880 Gadsden Rd

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Jacksonville FL

Zip

33549

Country

USA

Zip

32207

Country

USA

4. FEI Number

59-2258535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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)

DATE

FILE NOW! FEE IS \$61.25

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	TD SPENCE, NICOLE 7312 SUMMERBRIDGE DR. TAMPA FL 33634	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOCH, KAREN 15920 MARSHFIELD DR TAMPA FL 33624	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUGHEN, DONNA 16013 CHASTAIN ROAD ODESSA FL 33556	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KROTZER, SHELLEY 4619 35 COURT EAST BRADENTON FL 34203	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Thompson, EDWARD 3880 Gadsden Rd Jacksonville, FL 32207	☐ 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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

Ed Thompson
Treasurer

4/12/03

904-396-7035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)