


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90001 017 ****61.25

DOCUMENT # 768375
 1. Entity Name
CAMP DOVEWOOD, INC.



Principal Place of Business: 23221 101TH ROAD, O'BRIEN, FL 32071 US
 Mailing Address: 23221 101TH ROAD, O'BRIEN, FL 32071 US

54067650



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

08022004 Chg-NP CR2E037 (10/03)

City & State Zip Country
 City & State Zip Country

4. FEI Number **05-0024500** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 RICHMOND, JAMES E.
 23221 101ST RD
 O'BRIEN, FL 32071

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 _____ DATE _____
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 September 8, 2004

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	D	<input type="checkbox"/> Delete
NAME	RICHMOND, ROBERTA T.	
STREET ADDRESS	23221 101ST ROAD	
CITY-ST-ZIP	O'BRIEN, FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RICHMOND, JAMES	
STREET ADDRESS	23221 101ST ROAD	
CITY-ST-ZIP	O'BRIEN, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANZANT, SARAH	
STREET ADDRESS	4 ALAMO CT.	
CITY-ST-ZIP	LAKE CITY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James E. Richmond* **JAMES E. RICHMOND** **6 Aug 04** **386-9350863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #