

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

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



03132006 No Chg-NP CR2E037 (11/05)

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

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 _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **D**
 NAME: **RICHMOND, ROBERTA T.**
 STREET ADDRESS: **23221 101ST ROAD**
 CITY-ST-ZIP: **O'BRIEN, FL**

TITLE: **DV**
 NAME: **RICHMOND, JAMES**
 STREET ADDRESS: **23221 101ST ROAD**
 CITY-ST-ZIP: **O'BRIEN, FL 00000**

TITLE: **D**
 NAME: **VANZANT, SARAH**
 STREET ADDRESS: **4 ALAMO CT.**
 CITY-ST-ZIP: **LAKE CITY, FL**

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

00000469684
 03/27/06-80009-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Richmond* **JAMES RICHMOND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 MAR 2006 386 935 08 63

Date

Daytime Phone #