

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005254

FILED
Mar 31, 2010
Secretary of State

Entity Name: CONGENITAL HAND CAMP, INC.

Current Principal Place of Business:

3450 HULL ROAD
GAINSVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

165 MONTGOMERY ROAD
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 37-1437593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASLOW, BRIAN P TREAS
165 MONTGOMERY ROAD
ALTAMONTE SPRINGS, FL 32714 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: PD
Name: DUFEK, JOHN
Address: 3450 HULL ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: VP
Name: DELL, RUTH
Address: 10712 SW WILLISTON
City-St-Zip: MICANOPY, FL 32667

Title: SD
Name: KEENE, BETH
Address: 3450 HULL ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: TD
Name: CASLOW, BRIAN
Address: 220 LAKE SEMINARY CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: C
Name: DELL, PAUL
Address: 10712 SW WILLISTON
City-St-Zip: MICANOPY, FL 32667

I hereby 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 all other like empowered.

SIGNATURE: BRIAN P. CASLOW

TD

03/31/2010

Electronic Signature of Signing Officer or Director

Date