

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 10:15

DOCUMENT # N03260

(9)

1. Corporation Name

CAMP HAPPY SANDS, INC.

Principal Place of Business

Mailing Address

MILA F. ROOSE
468 WOODBINE DRIVE
PENSACOLA FL 32503

MILA F. ROOSE
468 WOODBINE DRIVE
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/23/1984 3a. Date of Last Report 01/20/1994

4. FEI Number 59-2388390 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROOSE, ILA F.
468 WOODBINE DRIVE
PENSACOLA FL 32503

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME ROOSE, ILA F.
STREET ADDRESS 468 WOODBINE DRIVE
CITY-STATE-ZIP PENSACOLA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME ROOSE, ILA F.
STREET ADDRESS 468 WOODBINE DRIVE
CITY-STATE-ZIP PENSACOLA FL

1.2 NAME ☐ Change ☐ Addition

TITLE VD
NAME SMITH, JAN
STREET ADDRESS 4090 DUNWOODY DRIVE
CITY-STATE-ZIP PENSACOLA FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE MD
NAME ROOSE, CHARLES E.
STREET ADDRESS 468 WOODBINE DR.
CITY-STATE-ZIP PENSACOLA FL

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE VP
NAME ROOSE, CHARLES E. (JR.)
STREET ADDRESS 3500 NEWTON DR.
CITY-STATE-ZIP PENSACOLA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ST
NAME ROOSE, BRENDA
STREET ADDRESS 3500 NEWTON DR.
CITY-STATE-ZIP PENSACOLA FL

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ilia F. Roose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

1-28-95

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