FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N03260** **(9)**

1. Corporation Name

CAMP HAPPY SANDS, INC.

Principal Place of Business	Mailing Address
%ILA F. ROOSE 468 WOODBINE DRIVE PENSACOLA FL 32503	%ILA F. ROOSE 468 WOODBINE DRIVE PENSACOLA FL 32503

3. Date Incorporated or Qualified: **05/23/1984**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business	2a. Mailing Address
21 468 WOODBINE DR.	26 468 WOODBINE DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PENSACOLA, FL.	City & State 28 PENSACOLA, FL.
Zip 24 32503-3238 Country 25 ESCAMBIA	Zip 29 32503-3238 Country 30 ESCAMBIA

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

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

9. Name and Address of Current Registered Agent

ROOSE, ILA F.
468 WOODBINE DRIVE
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROOSE, ILA F.		1.2 NAME	
STREET ADDRESS	*468 WOODBINE DRIVE*		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROOSE, ILA F.		2.2 NAME	
STREET ADDRESS	468 WOODBINE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAN		3.2 NAME	
STREET ADDRESS	4090 DUNWOODY DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	
TITLE	MD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROOSE, CHARLES E.		4.2 NAME	
STREET ADDRESS	468 WOODBINE DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROOSE, CHARLES E. (JR.)		5.2 NAME	
STREET ADDRESS	3500 NEWTON DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROOSE, BRENDA		6.2 NAME	
STREET ADDRESS	3500 NEWTON DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ila F. Roose President 1-19-96 904-433-3677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)