**FILE NOW: FILING FEE IS $61.25**

FILED
Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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 |
|---|---|
| 468 WOODBINE DR.<br>PENSACOLA FL 32503<br>US | 468 WOODBINE DR.<br>PENSACOLA FL 32503-3238<br>US |

3. Date Incorporated or Qualified: 05/23/1984
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business
21 468 WOODBINE DR.
Suite, Apt. #, etc. 22
City & State 23 PENSACOLA, FL.
Zip 24 32503-3238 Country 25 ESCAMBIA

2a. Mailing Address
26 468 WOODBINE DR.
Suite, Apt. #, etc. 27
City & State 28 PENSACOLA, FL.
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 ILA F. ROOSE, DIRECTOR CAMP HAPPY SANDS, INC. JANUARY 10, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 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 | |

CR2E037 (9/96)

14. I do 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 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 Director Camp Happy Sands, Inc. 1-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0072590