1-21-98 12-10450 6

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Jan 21 1998 8:00am
Secretary of State

DOCUMENT # N03260 (9)

1. Corporation Name

CAMP HAPPY SANDS, INC.

Principal Place of Business	Mailing Address
468 WOODBINE DR. PENSACOLA FL 32503 US	468 WOODBINE DR. PENSACOLA FL 32503 US

3. Date Incorporated or Qualified: 05/23/1984

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

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

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 1-5-98
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 (10/97)

14. I 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 REQUIRED Director 1-5-98 904-433-3622