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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03260**

1. Corporation Name
CAMP HAPPY SANDS, INC.

Principal Place of Business	Mailing Address
468 WOODBINE DR. PENSACOLA FL 32503-3238 US	468 WOODBINE DR. PENSACOLA FL 32503 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 468 Woodbine Dr.	26 468 Woodbine Dr.	05/23/1984
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2388390 ☐ Applied For ☐ Not Applicable
23 City & State: Pensacola Florida	28 City & State: Pensacola, Florida	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip: 32503-3238 25 Country: Escambia	29 Zip: 32503-3238 30 Country: Escambia	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 — January 22, 1999
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 (11/98)

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, with all other like empowered.

SIGNATURE: Ila F Roose — SIGNATURE REQUIRED — Director — Jan. 22, 99 — 850-433-3622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #