2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N03260

Entity Name: CAMP HAPPY SANDS, INC.

Current Principal Place of Business:

4310 HICKORY SHORE BLVD.
GULF BREEZE, FL 32563 US

New Principal Place of Business:

Current Mailing Address:

4310 HICKORY SHORE BLVD.
GULF BREEZE, FL 32563 US

New Mailing Address:

FEI Number: 59-2388390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROOSE, CHARLES E JR.
4310 HICKORY SHORE BLVD.
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ROOSE, CHARLES E JR.	
Address:	4310 HICKORY SHORE BLVD.	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	V	( ) Delete
Name:	WILLIAMS, ANN	
Address:	4835 ANDRADE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	S	( ) Delete
Name:	ROOSE, BRENDA	
Address:	4310 HICKORY SHORE BLVD.	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	T	( ) Delete
Name:	NORTHUP, CHARLOTTE	
Address:	1620 N. 14TH AVE.	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	CARAWAY, CHRISTI	
Address:	1651 BLANC LN.	
City-St-Zip:	CANTONMENT, FL 32533	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	NORTHUP, CHARLOTTE	
Address:	1620 N. 14TH AVE.	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	T	(X) Change ( ) Addition
Name:	PLATT, ADLAI	
Address:	5336 SUSSEX LN	
City-St-Zip:	PACE, FL 32571	
Title:	D	(X) Change ( ) Addition
Name:	SPHALER, SHERRY	
Address:	4091 SCHIFKO RD.	
City-St-Zip:	CANTONMENT, FL 32533	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E. ROOSE JR. P 02/19/2009

Electronic Signature of Signing Officer or Director — Date