## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002010

Entity Name: SPORTS CAMP, INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

SPORTS CAMP, INC 7136 LEMURIA CIRCLE #902 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

SPORTS CAMP, INC 7136 LEMURIA CIRCLE #902 NAPLES, FL 34109

FEI Number: 65-0918561 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEATTY, LANE
7136 I FMURIA CIRCLE #902
7136 I FMURIA

7136 LEMURIA CIRCLE #902 7136 LEMURIA CIRCLE # NAPLES, FL 34109 US #902 NAPLES, FL 34109 US

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: LANE BEATTY 04/17/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition BEATTY, LANE BEATTY, LANE Name: Name: 7136 LEMURIA CIRCLE #902 Address: 7136 LEMURIA CIRCLE #902 Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: (X) Change ( ) Addition KOMMER, CONNIE Name: CARUFE, WILLIAM J Name: Address: 2111 SEVILLA WAY Address: 5654 ELEUTHERA WAY City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: () Change () Addition

Name: MCVEY, JAMES Name:
Address: 9331 TAMIAMI TRAIL N. Address:

Address: 9331 TAMIAMI TRAIL N. Address:
City-St-Zip: NAPLES, FL 34110 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 MULLEN, MIKE
 Name:

 Address:
 10756 WINTERVIEW DR
 Address:

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 TRIPANI, GARY
 Name:

 Address:
 2093 SEVILLA WAY
 Address:

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:

Title: TR ( ) Delete Title: T (X) Change ( ) Addition

Name: CARUFE, BILL Name: KOMMER, CONNIE
Address: 5654 ELEUTHERA WAY Address: 1720 SAN BERNADINO WAY
City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34109

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: LANE BEATTY P 04/17/2009