


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

| | | | | | | | |
|---|--|---------|--|---|---|---|--|
| DOCUMENT # N99000002010 1. Entity Name SPORTS CAMP, INC. | | | |  | | FILED 06 JAN 24 AM 10:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business SPORTSCAMP INC 2111 SEVILLA WAY NAPLES, FL 34109 | | | | Mailing Address SPORTSCAMP INC 2111 SEVILLA WAY NAPLES, FL 34109 | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| KOMMER, CONNIE 2111 SEVILA WAY NAPLES, FL 34109 | | | | Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| Amended AR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KOMMER, CONNIE 2111 SEVILLA WAY NAPLES, FL 34109 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000065563930 02/10/06--01006--024 **61.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BEATTY, LANE 2122 SEVILLA WAY NAPLES, FL 34109 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOHN, ROGER 920 SPANISH MOSS TRAIL NAPLES, FL 34108 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kelly Hutcheson 15881 Delasol Lane Naples, FL 34110 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MULLEN, MIKE 10756 WINTERVIEW DR NAPLES, FL 34109 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TRIPANI, GARY 2093 SEVILLA WAY NAPLES, FL 34109 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/27 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <u>Connie Kommer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <u>12-9-05</u> | | Daytime Phone # <u>239-821-7972</u> | |