

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766711

Entity Name: LAND O' SUNSHINE CAMP CEDARBROOK, INC.**Current Principal Place of Business:**6202 N HIMES AVE
TAMPA, FL 33614-5742**Current Mailing Address:**PO BOX 441
PENNEY FARMS, FL 32079-0441 US**FEI Number:** 59-2258535**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HINES, JAMES P.
315 S HYDE PARK AVE.
TAMPA, FL 33606 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	BM
Name	CLARKE, SAUNDRA
Address	7607 EGYPT LAKE DRIVE
City-State-Zip:	TAMPA FL 33614

Title	SBM
Name	CAPLAN, LAILA
Address	153 SAVONA DRIVE
City-State-Zip:	JUPITER FL 33458

Title	ED
Name	FORESTER, ALECIA D
Address	446 WATERFRONT DRIVE
City-State-Zip:	ST. JOHNS FL 32259

Title	TBM
Name	VANDERMEY, SUZANNE C
Address	PO BOX 441
City-State-Zip:	PENNEY FARMS FL 32079-0441

Title	R
Name	IVES, SARA G
Address	9949 SE 155TH ST
City-State-Zip:	SUMMERFIELD FL 34491

Title	PBM
Name	VAN WERT, BRUCE
Address	1016 E POWHATAN AVE
City-State-Zip:	TAMPA FL 33604

Title	BM
Name	SANTERELLI, JOE
Address	730 FERNWOOD DRIVE
City-State-Zip:	BROOKSVILLE FL 34601

Title	BM
Name	WILLIAM, ROHR
Address	20952 DIAMONTE DRIVE
City-State-Zip:	LAND O' LAKES FL 34634

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I hereby 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 all other like empowered.

SIGNATURE: SUZANNE C VANDERMEY**TREASURER****02/26/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	BM
Name	GRADEN, MINDY
Address	8972 79TH AVE N
City-State-Zip:	SEMINOLE FL 33777