

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005254

**Entity Name:** CONGENITAL HAND CAMP, INC.**Current Principal Place of Business:**3450 HULL ROAD  
GAINSVILLE, FL 32607**Current Mailing Address:**3450 HULL ROAD  
GAINSVILLE, FL 32607**FEI Number:** 37-1437593**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CASLOW, BRIAN P  
165 MONTGOMERY ROAD  
ALTAMONTE SPRINGS, FL 32714 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:** BRIAN CASLOW

03/26/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DELL, RUTH  
Address 10712 SW WILLISTON  
City-State-Zip: MICANOPY FL 32667

Title C  
Name DELL, PAUL  
Address 10712 SW WILLISTON  
City-State-Zip: MICANOPY FL 32667

Title PRESIDENT  
Name PETERS, RITA  
Address 3450 HULL ROAD  
City-State-Zip: GAINSVILLE FL 32607

Title REGISTERED AGENT  
Name CASLOW, BRIAN  
Address 165 MONTGOMERY ROAD  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TREASURER  
Name WILDE, TERESA  
Address 3450 HULL ROAD  
City-State-Zip: GAINSVILLE FL 32607

Title SECRETARY  
Name KEENE, BETH  
Address 3450 HULL ROAD  
City-State-Zip: GAINSVILLE FL 32607

*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:** BRIAN P CASLOW**COMPLIANCE DIRECTOR** 03/26/2018

Electronic Signature of Signing Officer/Director Detail

Date