

2015 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:** No**Name and Address of Current Registered Agent:**CASLOW, BRIAN PTREAS
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	PYCZYNSKI , LOYAL
Address	165 MONTGOMERY ROAD
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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

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

Title	TD
Name	CRAIG, DEREK
Address	3216 TERN WAY
City-State-Zip:	CLEARWATER FL 33762

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

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: DEREK CRAIG**TREASURER****02/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date