

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007049

Entity Name: OUR LADY OF GOOD COUNSEL CAMP, INC.**Current Principal Place of Business:**8888 EAST GOBBLER DRIVE
FLORAL CITY, FL 34436**Current Mailing Address:**8888 EAST GOBBLER DRIVE
FLORAL CITY, FL 34436**FEI Number:** 59-3420803**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIVITO, JOSEPH A. ESQ.
4514 CENTRAL AVENUE
ST. PETERSBURG, FL 33711 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:** JOSEPH A. DIVITO

04/14/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CUMMINGS, GEORGE REV.
Address 1449 WEST EVERGREEN DRIVE
City-State-Zip: CITRUS SPRINGS FL 34434

Title PRESIDENT, DIRECTOR
Name JOHNSON, JAMES REV.
Address 550 U.S. HWY 41 SOUTH
City-State-Zip: INVERNESS FL 34450

Title SECRETARY, DIRECTOR
Name MORRIS, ROBERT REV.
Address 6363 NINTH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33710

Title VP, DIRECTOR
Name ALGEO, MARK
Address 1506 EDEN DRIVE
City-State-Zip: INVERNESS FL 34450

Title TREASURER
Name SIGNORE, PHILIP P
Address 6363 NINTH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR
Name MURPHY, FRANK V
Address 6363 NINTH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33710

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: JAMES JOHNSON

PRES

04/14/2015

Electronic Signature of Signing Officer/Director Detail

Date