

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000005713

Entity Name: CAMP LIVE OAK, INC.**Current Principal Place of Business:**2300 E. OAKLAND PARK BOULEVARD, SUITE 207
FORT LAUDERDALE, FL 33306-1150**Current Mailing Address:**2300 E. OAKLAND PARK BOULEVARD, SUITE 207
FORT LAUDERDALE, FL 33306-1150 US**FEI Number:** 65-0123909**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**L'AMIE, DAVID
2300 E. OAKLAND PARK BOULEVARD, SUITE 207
FORT LAUDERDALE, FL 33306-1150 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	C
Name	L'AMIE, DAVID
Address	4624 SEA GRAPE DRIVE
City-State-Zip:	LAUDERDALE BY THE SEA FL 33308

Title	T
Name	EVANS, KENNETH N
Address	4624 SEA GRAPE DRIVE
City-State-Zip:	LAUDERDALE BY THE SEA FL 33308

Title	T
Name	LIPSCOMB, SCOTT
Address	1321 NE 25TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33062

Title	T
Name	WHITE, MARY
Address	12060 NW 33RD STREET
City-State-Zip:	CORAL SPRINGS FL 33065

Title	T
Name	LIPSCOMB, DEBBIE
Address	1321 NE 25TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33062

Title	T
Name	O'CONNELL, HANORA E. DR.
Address	5290 NE SEVENTEENTH AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33334

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: KENNETH EVANS**EXECUTIVE DIRECTOR****02/18/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date