### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N9900002010

Entity Name: SPORTS CAMP, INC.

#### **Current Principal Place of Business:**

SPORTS CAMP, INC. 3275 PINE RIDGE ROAD NAPLES, FL 34109

#### **Current Mailing Address:**

SPORTS CAMP, INC 7144 LEMURIA CIRCLE #1103 NAPLES, FL 34109

#### FEI Number: 65-0918561

#### Name and Address of Current Registered Agent:

BEATTY, LANE SPORTS CAMP, INC. 3275 PINE RIDGE ROAD NAPLES, FL 34109 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

#### Officer/Director Detail :

Officer/Director Detail :						
	Title	Ρ	Title	VP, TREASURER		
	Name	BEATTY, LANE	Name	CARUFE, WILLIAM J		
	Address	SPORTS CAMP, INC. 3275 PINE RIDGE ROAD	Address	SPORTS CAMP, INC. 3275 PINE RIDGE ROAD		
	City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109		
	Title	DIRECTOR	Title	DIRECTOR		
	Name	RAY, TOM	Name	PEZESHKAN, KP		
	Address	SPORTS CAMP, INC. 3275 PINE RIDGE ROAD	Address	SPORTS CAMP, INC. 3275 PINE RIDGE ROAD		
	City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109		
	Title	DIRECTOR, SECRETARY	Title	DIRECTOR		
	Name	EASTMAN, LYNNE	Name	BRACCI, MICHELLE		
	Address	SPORTS CAMP, INC. 3275 PINE RIDGE ROAD	Address	SPORTS CAMP, INC. 3275 PINE RIDGE ROAD		
	City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109		
	Title	DIRECTOR	Title	DIRECTOR		
	Name	CONSOLO, CHUCK	Name	GROVER, KALEIGH		
	Address	SPORTS CAMP, INC. 3275 PINE RIDGE ROAD	Address	SPORTS CAMP, INC. 3275 PINE RIDGE ROAD		
	City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109		

## Continues on page 2

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: LANE BEATTY		PRESIDENT	03/02/2016
	Electronic Signature of Signing Officer/Director Detail		Date

Certificate of Status Desired: Yes

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	MORGENSTERN, TERESA	Name	HAYES, THOMAS
Address	SPORTS CAMP, INC. 3275 PINE RIDGE ROAD	Address	SPORTS CAMP, INC. 3275 PINE RIDGE ROAD
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109
Title	DIRECTOR		
Name	GARCIA, ERIN		

NameGARCIA, ERINAddressSPORTS CAMP, INC.<br/>3275 PINE RIDGE ROAD

City-State-Zip: NAPLES FL 34109