


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90070 030 \*\*\*\*61.25

<b>DOCUMENT # 710501</b> 1. Entity Name <b>SEACAMP ASSOCIATION, INC.</b>					
Principal Place of Business <b>1300 BIG PINE AVE</b> <b>BIG PINE KEY, FL 33043 US</b>			Mailing Address <b>1300 BIG PINE AVENUE</b> <b>BUSINESS OFFICE</b> <b>BIG PINE KEY, FL 33043-3336 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1144011</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>HOOPER, IRENE</b> <b>1300 BIG PINE AVE</b> <b>BIG PINE KEY, FL 33043</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOPER, IRENE 1300 BIG PINE AVE BIG PINE KEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Allan Milledge 3240 Corporate Way Miramar, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIER, JEFF ALBION COLLEGE, 611 E PORTER STREET ALBION, MI 49224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Betty Brothers 1735 Bayview Dr. Little Torch Key, FL 33042	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, CLARK 3530 ASHFORD DUNWOODY RD #188 ATLANTA, GA 30319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Beech 9938 Zig Zag Rd. Cincinnati, OH 45242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, BARRETT POST OFFICE BOX 1308 TALLAHASSEE, FL 32302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doug Harris, PhD 218 Fairchild Drive Highlands Ranch, CO 80126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNAN, JANE <del>91-1140 ELEA ST.</del> WAIMEA, HI 96796		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jane Dunan 99-919 Kalawina Place Aiea, HI 96701-3047	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPSHAW, GRACE 1300 BIG PINE AVENUE BIG PINE KEY, FL 33043		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Don Mitchell 525 Melrose Phone Ave. Winter Park, FL 32789	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Irene Hooper</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/5/07 305/892-2331 <small>Date Daytime Phone #</small>		