2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 710501

Entity Name: SEACAMP ASSOCIATION, INC.

Current Principal Place of Business:

1300 BIG PINE AVE
BIG PINE KEY, FL 33043 US

New Principal Place of Business:

Current Mailing Address:

1300 BIG PINE AVENUE
BUSINESS OFFICE
BIG PINE KEY, FL 330433336 US

New Mailing Address:

1300 BIG PINE AVE
BIG PINE KEY, FL 33043 US

FEI Number: 59-1144011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOPER,IRENE
1300 BIG PINE AVE
BIG PINE KEY, FL 33043 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HOOPER, IRENE	
Address:	1300 BIG PINE AVE	
City-St-Zip:	BIG PINE KEY, FL	
Title:	T	( ) Delete
Name:	MILLEDGE, ALLAN	
Address:	3240 CORPORATE WAY	
City-St-Zip:	MIRAMAR, MI 33025	
Title:	D	( ) Delete
Name:	WEEKS, CLARK	
Address:	3530 ASHFORD DUNWOODY RD #188	
City-St-Zip:	ATLANTA, GA 30319	
Title:	D	( ) Delete
Name:	JOHNSON, BARRETT	
Address:	POST OFFICE BOX 1308	
City-St-Zip:	TALLAHASSEE,, FL 32302	
Title:	VS	( ) Delete
Name:	BROTHERS, BETTY	
Address:	1735 BAYVIEW DRIVE	
City-St-Zip:	LITTLE TORCH KEY, FL 33042	
Title:	D	( ) Delete
Name:	UPSHAW, GRACE	
Address:	1300 BIG PINE AVENUE	
City-St-Zip:	BIG PINE KEY, FL 33043	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HARRIS, DOUG PH.D	
Address:	3530 ASHFORD DUNWOODY RD #188	
City-St-Zip:	ATLANTA, GA 30319	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IRENE HOOPER PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date