## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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## **DOCUMENT #737087**

1. Entity Name

SERTOMA CAMP ENDEAVOR, INC.



FILED Feb 15, 2007 08:00 AM Secretary of State

Principal Place of Business

1301 CAMP ENDEAVOR BLVD

DUNDEE, FL 33838 US

Mailing Address

P O BOX 910

DUNDEE, FL 33838 US



01222007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1705990 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUNEMAKER, JEFF P O BOX 962 DUNDEE, FL 33838

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<ol><li>The above named the obligations of</li></ol>	entity submits this statement for the purpose of changi	ng its registered office or registered agent, or b	oth, in the State of Florida.	I am familiar with, and accept
the obligations of	еуыне и аустк.			
SIGNATURE				
Signature	typed or printed name of registered egent and title if applicable.	(NOTE: Registered Agent sonsture required when reinstating)		DATE

Filing Fee is \$61.25 Due by May 1, 2007

**9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees U00000637981 02/27/07-80011-003 61.25

	110 by may 1, 200,		
10.	OFFICERS AND DIRECTORS		
TITLE	TRES		
NAME	ROGERS, RAY		
STREET ADDRESS	2121 WINTERSET RD.		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	Р		
NAME	DAY, DANIEL		
STREET ADDRESS	1536 RAINSVILLE STSE		
CITY-ST-ZIP	PALM BAY, FL 329095217		
TITLE	С		
NAME	MOSES, TERRY W		
STREET ADDRESS	22020 HEATHER WOOD LANE		
CITY-ST-ZIP	LAND O LAKES, FL 34639		
TITLE	AB		
NAME	PRICE, GARY R		
STREET ADDRESS	P.O. BOX 9087		
CITY-ST-ZIP	WINTER HAVEN, FL 33883		
TITLE	VP		
NAME	MARTIN, LARRY		
STREET ADDRESS	743 HERNANDEZ DRIVE		
CITY-ST-ZIP	THE VILLAGES, FL 32159		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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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 5 trees 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 trupped empowered to execute this report as required by Chapter 617, Florida Statutes; and that my pame appears in Block 10 or Block 11 if changed, or on an attachment with a faddress, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

רב ניצוו

Daytime Phone #