

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90008 023 ****61.25

DOCUMENT # 737087

1. Entity Name
SERTOMA CAMP ENDEAVOR, INC.



Principal Place of Business
**1301 CAMP ENDEAVOR BLVD
DUNDEE, FL 33838 US**

Mailing Address
**P O BOX 910
DUNDEE, FL 33838 US**

40000000



02052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1705990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NUNEMAKER, JEFF
P O BOX 962
DUNDEE, FL 33838**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R. Gary Price
2/6/08