


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # 768375 1. Entity Name CAMP DOVEWOOD, INC.		
Principal Place of Business 23221 101TH ROAD O'BRIEN, FL 32071 US		Mailing Address 23221 101TH ROAD O'BRIEN, FL 32071 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RICHMOND, JAMES E. 23221 101ST RD O'BRIEN, FL 32071		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHMOND, ROBERTA T. 23221 101ST ROAD O'BRIEN, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RICHMOND, JAMES 23221 101ST ROAD OBRIEN, FL 00000,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VANZANT, SARAH 4 ALAMO CT. LAKE CITY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>James E. Richmond</u> <u>JAMES E. RICHMOND Dir 290-05 3869350863</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 05-0024500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/02/05-80134-023 61.25

**DO NOT WRITE
IN THIS SPACE**