


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 769754 1. Entity Name CAMP FIRE USA, GULF WIND COUNCIL, INC.		
Principal Place of Business 1814 CREIGHTON RD. PENSACOLA, FL 32504	Mailing Address 1814 CREIGHTON RD. PENSACOLA, FL 32504	



04222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2250890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAVONNE, HAVEN 1814 CREIGHTON ROAD PENSACOLA, FL 32504	DO NOT WRITE IN THIS SPACE
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6. 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 _____

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLE, KYLER 8233 RIDGEFIELD ROAD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO GILLEY, AL 8235 GROVELAND AVE PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RIEHLE, FRANK 3245 COBBLESTONE DR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WELLS, JULIE 5710 N. DAVIS HWY #5 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAVEN, LA-VONNE 1814 CREIGHTON RD PENSACOLA, FL 32504
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: *Lavonne Haven*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 850-476-1760
Date Daytime Phone #