

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769754

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: CAMP FIRE USA, GULF WIND COUNCIL, INC.

## Current Principal Place of Business:

1814 CREIGHTON RD.  
PENSACOLA, FL 32504

## New Principal Place of Business:

## Current Mailing Address:

1814 CREIGHTON RD.  
PENSACOLA, FL 32504

## New Mailing Address:

FEI Number: 59-2250890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAVONNE, HAVEN  
1814 CREIGHTON ROAD  
PENSACOLA, FL 32504 US

## Name and Address of New Registered Agent:

LAVONNE, HAVEN DIRECTO  
1814 CREIGHTON ROAD  
PENSACOLA, FL 32504 US

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: LA-VONNE HAVEN

04/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COLE, KYLER  
Address: 8233 RIDGEFIELD ROAD  
City-St-Zip: PENSACOLA, FL 32514

Title: VD ( ) Delete  
Name: GILLEY, AL  
Address: 8235 GROVELAND AVE  
City-St-Zip: PENSACOLA, FL 32534

Title: TD ( ) Delete  
Name: RIEHLE, FRANK  
Address: 3245 COBBLESTONE DR  
City-St-Zip: PACE, FL 32571

Title: SD ( ) Delete  
Name: WELLS, JULIE  
Address: 5710 N. DAVIS HWY #5  
City-St-Zip: PENSACOLA, FL 32504

Title: D (X) Delete  
Name: HAVEN, LA-VONNE  
Address: 1814 CREIGHTON RD  
City-St-Zip: PENSACOLA, FL 32504

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GILLEY, AL  
Address: 4771 BAYOU BLVD  
City-St-Zip: PENSACOLA, FL 32503

Title: TD (X) Change ( ) Addition  
Name: RIEHLE, FRANK  
Address: 3245 COBBLESTONE  
City-St-Zip: PACE, FL 32571

Title: SD (X) Change ( ) Addition  
Name: WYCHE, ALICIA  
Address: 861 MAPLEWOOD CIRCLE  
City-St-Zip: PENSACOLA, FL 32534

Title: D (X) Change ( ) Addition  
Name: HAVEN, LA-VONNE  
Address: 1814 CREIGHTON ROAD  
City-St-Zip: PENSACOLA, FL 32504

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: LA-VONNE HAVEN

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date