

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90004 007 ***150.00

DOCUMENT # J12035

1. Corporation Name
HIAWATHA DAY CAMP, INC.

Principal Place of Business

19521 MICHIGAN AVENUE
ODESSA FL 33556
US

Mailing Address

2710 FOUNTAIN BLVD.
#1
TAMPA FL 33609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1986

4. FEI Number

59-2288674

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

85. Zip Code

Vicki L. Woodward

19521 Michigan Ave

I LIVE ON THIS PROPERTY

Odessa

FL

33556

9. Name and Address of Current Registered Agent
WOODWARD, VICKI LEWIS
19521 MICHIGAN AVENUE
ODESSA FL 33556

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME WOODWARD, VICKI L.

STREET ADDRESS 2710 FOUNTAIN BOULEVARD MOVED TO:

CITY-ST-ZIP 19521 MICHIGAN AVE ODESSA, FL 33556

TITLE 8 VP + SEC. ☐ DELETE

NAME RODRIGUEZ, REBECCA W.

STREET ADDRESS 9401 FOWLER AVENUE 19521 Michigan Ave

CITY-ST-ZIP THONOTOSASS FL. ODESSA, FL 33556

TITLE VP ☒ DELETE

NAME GENTNER, KATHY

STREET ADDRESS 4807 MAYRIDE COURT

CITY-ST-ZIP TAMPA FL OMIT TOTALLY

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, TREAS, & ☒ Change ☐ Addition

1.2 NAME VICKI L. WOODWARD

1.3 STREET ADDRESS 19521 MICHIGAN AVE

1.4 CITY-ST-ZIP ODESSA, FL. 33556

2.1 TITLE VICE PRES. & SECRETARY ☒ Change ☐ Addition

2.2 NAME MRS REBECCA GILKES

2.3 STREET ADDRESS 19521 MICHIGAN AVE

2.4 CITY-ST-ZIP ODESSA, FL. 33556

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vicki L. Woodward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99
Date

1-813-420-5011
Daytime Phone #

CR2E034 (11/98)

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