2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005939

6087 ELGIN ROAD

COCOA, FL 32927

Address:

City-St-Zip:

Entity Name: CAMP CHANCE, INC.

FILED Apr 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 700 PARK AVE TITUSVILLE, FL 32780 **Current Mailing Address: New Mailing Address:** 700 PARK AVE TITUSVILLE, FL 32780 FEI Number: 31-1802624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEWELL, ED 1795 COGSWELL STREET ROCKLEDGE, FL 32955 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Change () Addition () Delete KREUZKAMP, STEVEN E Name: Name: Address: 340 TUSCANY WAY, APT. 204 Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: HIBBS, PAM Name: EGGERT, DON Address: 700 PARK AVE Address: 700 PARK AVE City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 Title: () Delete Title: () Change () Addition NEWELL, EDWARD G Name: Name: Address: 1795 COGSWELL ST. Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: TD () Delete Title: () Change () Addition MEAGHER, RICHARD J Name: Name: 455 EAST CRISAFULLI ROAD Address: Address: City-St-Zip: MERRITT ISLAND, FL 39253 City-St-Zip: Title: Title: () Delete () Change () Addition RING, PAUL A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: RICHARD J MEAGHER TD 04/22/2004