FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:23

DOCUMENT # N00688 (4)

1. Corporation Name
CAMP GRACE, INC.

Principal Place of Business	Mailing Address
9020 CHAWACKLA HWY MILTON FL 32571	9020 CHAWACKLA HWY MILTON FL 32571

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1983
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2379424 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SENFINGER, GWENDOLYN
1640 ENFINGER RD
MILTON FL 32571

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Gwendolyn S Enfinger — Gwendolyn S Enfinger — 3/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, MARGARET	1.2 NAME	
STREET ADDRESS	RT 2, BOX 399	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	WINONA, GRISWOLD	2.2 NAME	
STREET ADDRESS	RT 2, BOX 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32571	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COTTON, MABLE S.	3.2 NAME	
STREET ADDRESS	RT 2, BOX 399	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SALTER, DICK	4.2 NAME	
STREET ADDRESS	RT 2, BOX 397	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	ENFINGER, GWENDOLYN S.	5.2 NAME	
STREET ADDRESS	1640 ENFINGER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SALTER, THOMAS	6.2 NAME	
STREET ADDRESS	RT 2 BOX 394	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32571	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Winona Griswold (WINONA GRISWOLD) S/T/P — 3/14/95 — 904-994-6143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0072341