

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N00688**

**(4)**

1. Corporation Name

**CAMP GRACE, INC.**



Principal Place of Business  
*CHUMUCKLA*  
9020 CHAWACKLA HWY  
MILTON FL 32571

Mailing Address  
*CHUMUCKLA*  
9020 CHAWACKLA HWY  
MILTON FL 32571

3. Date Incorporated or Qualified **12/30/1983** 3a. Date of Last Report **03/20/1995**

|                                |  |                     |  |   |  |   |  |
|--------------------------------|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 4. FEI Number   |  | Applied For   |  |
| 21                             |  | 26                  |  | 59-2379424  |  | Not Applicable  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired  |  | <input type="checkbox"/> \$8.75 Additional Fee Required             |  |
| 22                             |  | 27                  |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |  |
| City & State                   |  | City & State        |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 23                             |  | 28                  |  |   |  |   |  |
| Zip                            |  | Zip                 |  |   |  |   |  |
| 24                             |  | 29                  |  |   |  |   |  |
| Country                        |  | Country             |  |   |  |   |  |
| 25                             |  | 30                  |  |   |  |   |  |
| 32571                          |  | Santa Rosa          |  |   |  |   |  |

## 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   |
| 85 | Zip Code   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | D                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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   | <input type="checkbox"/> Change <input type="checkbox"/> 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   | <input type="checkbox"/> Change <input type="checkbox"/> 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   | <input type="checkbox"/> Change <input type="checkbox"/> 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   | <input type="checkbox"/> Change <input type="checkbox"/> 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   | <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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:**

*Gwendolyn Senfinger* Feb 2/96 904-994-6397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)