## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 25 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N00688

DOCUMENT # CAMP GRACE, INC. Principal Place of Business Mailing Address 9020 CHUMUCKLA HWY 9020 CHUMUCKLA HWY MILTON FL 32571-9244 MILTON FL 32571 LIS 3. Date Incorporated or Qualified 12/30/1983 3a. Date of Last Report 02/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2379424 90 10 Channella 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SENFINGER, GWENDOLYN 82 Street Address (P.O. Box Number is Not Acceptable) 1640 ENFINGER RD 83 MILTON FL 32571 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, 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 orie of registered agent and little if any licet OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change Addition President NAME MILLER, MARGARET 1.2 NAME RT 2, BOX 399 STREET ADDRESS 1.3 STREET ADDRESS MILTON FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE STD 2.1 TITLE Change Addition WINONA, GRISWOLD NAME 2.2 NAME RT 2, BOX 400 STREET ADDRESS 23 STREET ADDRESS MILTON FL 32571 CITY - ST - ZIP 2 4 CiTY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAMÉ COTTON, MABLE S. 3.2 NAME RT 2, BOX 399 STREET ADDRESS 3.3 STREET ADDRESS MILTON FL CITY - ST - ZIP 34. CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition SALTER, DICK NAME 4. 2 NAME RT 2, BOX 397 STREET ADDRESS 4.3 STREET ADDRESS MILTON FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE Decretary ENFINGER, GWENDOLYN S. NAME 5.2 NAME 1640 ENFINGER RD STREET ADDRESS 5.3 STREET ADDRESS MILTON FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Addition 6.1 TITLE Change SALTER, THOMAS NAME 6.2 NAME RT 2 BOX 394 STREET ACCRESS 6.3 STREET ADDRESS MILTON FL 32571

STRANDINE REQUIRED SIGNATURE: \_\_

14. I do 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

6.4 CITY-ST-ZIP

I do nereby certify that the information supplied with this lifting does not qualify for the exemption stated in socialist in 160 (16), if contact stated in social stated in social states it is stated in social stated in social states. 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.