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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N00688

1. Corporation Name
CAMP GRACE, INC.

Principal Place of Business	Mailing Address
9020 CHUMUCKLA HWY MILTON FL 32571 US	9020 CHUMUCKLA HWY MILTON (POCE) FL 32571 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/30/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2379424 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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: MABLE S. COTTON
82 Street Address (P.O. Box Number is Not Acceptable): 8685 CHUMUCKLA HWY.
83:
84 City: PACE FL 85 Zip Code: 32571

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: Mable S Cotton DATE: 4-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	MILLER, MARGARET		1.2 NAME	MILLER, MARGARET	
STREET ADDRESS	RT 2, BOX 399		1.3 STREET ADDRESS	6187 CHUMUCKLA HWY	
CITY-ST-ZIP	MILTON FL		1.4 CITY-ST-ZIP	PACE, FL 32571	
TITLE	STD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	WINONA, GRISWOLD		2.2 NAME	GRISWOLD, WINONA	
STREET ADDRESS	RT 2, BOX 400		2.3 STREET ADDRESS	8621 CHUMUCKLA HWY	
CITY-ST-ZIP	MILTON FL 32571		2.4 CITY-ST-ZIP	PACE, FL 32571	
TITLE	D	☐ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	COTTON, MABLE S.		3.2 NAME	COTTON, MABLE	
STREET ADDRESS	RT 2, BOX 399		3.3 STREET ADDRESS	8685 CHUMUCKLA HWY	
CITY-ST-ZIP	MILTON FL		3.4 CITY-ST-ZIP	PACE, FL 32571	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SALTER, DICK		4.2 NAME	SALTER, DICK	
STREET ADDRESS	RT 2, BOX 397		4.3 STREET ADDRESS	8709 CHUMUCKLA HWY	
CITY-ST-ZIP	MILTON FL		4.4 CITY-ST-ZIP	PACE, FL 32571	
TITLE	S	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ENFINGER, GWENDOLYN S.		5.2 NAME	ENFINGER, GWENDOLYN S.	
STREET ADDRESS	1640 ENFINGER RD		5.3 STREET ADDRESS	1640 ENFINDER RD.	
CITY-ST-ZIP	MILTON FL		5.4 CITY-ST-ZIP	PACE, FL 32571	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SALTER, THOMAS		6.2 NAME	SALTER, THOMAS	
STREET ADDRESS	RT 2 BOX 394		6.3 STREET ADDRESS	8847 CHUMUCKLA HWY	
CITY-ST-ZIP	MILTON FL 32571		6.4 CITY-ST-ZIP	PACE, FL 32571	

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 617, 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: Mable S Cotton SIGNATURE REQUIRED 4/1/99 (850) 994-6437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MABLE S. COTTON

CR2E037 (1.1.98)