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Secretary of State

04-08-1999 90015 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00688

1. Corporation Name

CAMP GRACE, INC.

Principal Place of Business

 9020 CHUMUCKLA HWY
 MILTON FL 32571
 US

Mailing Address

 9020 CHUMUCKLA HWY
 MILTON (POCE) FL 32571
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/30/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2379424	
24 Country		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

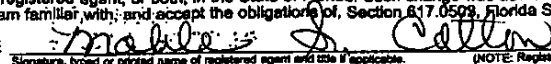
 SENFINGER, GWENDOLYN
 1640 ENFINGER RD
 MILTON FL 32571

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



(NOTE: Registered Agent signature required when registering)

DATE

4/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P D
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	2.1 TITLE	D
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	3.1 TITLE	STD
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	4.1 TITLE	D
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	5.1 TITLE	D
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	6.1 TITLE	D
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:



 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 MABLE S. COTTON

4/1/99

(850) 994-6437

CR2E037 (1/1/98)