

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00688

1. Entity Name

CAMP GRACE, INC.

Principal Place of Business

9020 CHUMUCKLA HWY
MILTON FL 32571
US

Mailing Address

9020 CHUMUCKLA HWY
MILTON (POCE) FL 32571-9244
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2379424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENFINGER, GWENDOLYN
1640 ENFINGER RD
MILTON FL 32571

Name

Mable S. Cotton

Street Address (P.O. Box Number is Not Acceptable)

8685 Chumuckla Hwy

City

Pace

FL

Zip Code

32571

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Mable S. Cotton, Mable S. Cotton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MILLER, MARGARET
STREET ADDRESS 6187 CHUMUCKLA HWY
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WINONA, GRISWOLD
STREET ADDRESS 8621 CHUMUCKLA HWY
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME COTTON, MABLE S.
STREET ADDRESS 8685 CHUMUCKLA HWY
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SALTER, DICK
STREET ADDRESS 8709 CHUMUCKLA HWY
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ENFINGER, GWENDOLYN S.
STREET ADDRESS 1640 ENFINGER RD
CITY-ST-ZIP PACE FL 32571

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SALTER, THOMAS
STREET ADDRESS 8847 CHUMUCKLA HWY
CITY-ST-ZIP PACE FL 32871

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

4/17/00 (850) 994-6437

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)