

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90095 020 \*\*\*\*61.25

**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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

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

COTTON, MABLE S  
8685 CHAMUCKLA WAY  
PACE FL 32571

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Addition

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

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

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

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

*Please accept my apology  
for not filing this annual  
report by May 1, 2004  
Somehow the change in  
procedure cause confusion.  
Thanks!*

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:

*Mable S Cotton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #