

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00688

1. Entity Name
CAMP GRACE, INC.



FILED
Jul 11, 2005 08:00 AM
Secretary of State

Principal Place of Business
**9020 CHUMUCKLA HWY
MILTON, FL 32571 US**

Mailing Address
**9020 CHUMUCKLA HWY
MILTON (POCE), FL 32571 US**



07062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**COTTON, MABLE S
8685 CHAMUCKLA WAY
PACE, FL 32571**

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MARGARET 6187 CHUMUCKLA HWY PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINONA, GRISWOLD 8621 CHUMUCKLA HWY PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COTTON, MABLE S. 8685 CHUMUCKLA HWY PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALTER, DICK 8709 CHUMUCKLA HWY PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENFINGER, GWENDOLYN S. 1640 ENFINGER RD PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALTER, THOMAS 8847 CHUMUCKLA HWY PACE, FL 32871

U00000371718
07/11/05-80001-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

7/6/05 (850) 994-6437
Date Daytime Phone #