

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00688

FILED
Mar 31, 2009
Secretary of State

Entity Name: CAMP GRACE, INC.

Current Principal Place of Business:

9020 CHUMUCKLA HWY
MILTON, FL 32571 US

New Principal Place of Business:

Current Mailing Address:

8685 CHUMUCKLA HWY
PACE, FL 32571 US

New Mailing Address:

FEI Number: 59-2379424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COTTON, MABLE S
8685 CHUMUCKLA WAY
PACE, FL 32571 US

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:

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, MARGARET
Address: 6187 CHUMUCKLA HWY
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: WINONA, GRISWOLD
Address: 8621 CHUMUCKLA HWY
City-St-Zip: PACE, FL 32571

Title: STD () Delete
Name: COTTON, MABLE S.
Address: 8685 CHUMUCKLA HWY
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: SALTER, DICK
Address: 8709 CHUMUCKLA HWY
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: ENFINGER, GWENDOLYN S.
Address: 1640 ENFINGER RD
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: SALTER, THOMAS
Address: 8847 CHUMUCKLA HWY
City-St-Zip: PACE, FL 32871

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MABLE COTTON

SEC.

03/31/2009

Electronic Signature of Signing Officer or Director

Date