

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00868

FILED
Apr 29, 2009
Secretary of State

Entity Name: CAMP HIDDEN HAMMOCK, INC.

Current Principal Place of Business:

3696 ELEVEN MILE RD
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

5609 SEAGRAPE DR
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 59-2349757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLINS, ROB
1910 OLD RIVER ROAD
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MULLINS, ROB
Address: 1910 OLD RIVER ROAD
City-St-Zip: FORT PIERCE, FL 34982

Title: SD () Delete
Name: MARSHALL, HELEN
Address: 4032 GREENWOOD DR
City-St-Zip: FORT PIERCE, FL 34982

Title: TD () Delete
Name: BERGANDI, DEBORAH
Address: 5609 SEAGRAPE DR
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: YATES, CAMILLE
Address: 719 GEORGIA AVE
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: HOOD, JILL
Address: 1317 PARKLAND BLVD
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: PENNER, NORMAN
Address: 607 N 7TH STREET STE 1
City-St-Zip: FORT PIERCE, FL 34950

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: ROB MULLINS

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date