

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005254

FILED
Jan 27, 2009
Secretary of State

Entity Name: CONGENITAL HAND CAMP, INC.

Current Principal Place of Business:

3450 HULL ROAD
GAINSVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

165 MONTGOMERY ROAD
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 37-1437593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASLOW, BRIAN P TREAS
165 MONTGOMERY ROAD
ALTAMONTE SPRINGS, FL 32714 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: UMAN, JENNIFER
Address: 126 FIRST TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: DELL, RUTH
Address: 10712 SW WILLISTON
City-St-Zip: MICANOPY, FL 32667

Title: SD () Delete
Name: KEENE, BETH
Address: 3450 HULL ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: TD () Delete
Name: CASLOW, BRIAN
Address: 220 LAKE SEMINARY CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: C () Delete
Name: DELL, PAUL
Address: 10712 SW WILLISTON
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUFEK, JOHN
Address: 3450 HULL ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: VP (X) Change () Addition
Name: DELL, RUTH
Address: 10712 SW WILLISTON
City-St-Zip: MICANOPY, FL 32667

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: BRIAN P. CASLOW

TREA

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date