

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005469

1. Entity Name
CAMP PALABRA, INC.



Principal Place of Business
**537 10TH ST, W
BRADENTON, FL 34205**

Mailing Address
**537 10TH ST, W
BRADENTON, FL 34205**



01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3653999

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARLAND, WILLIAM H
537 10TH ST, W
BRADENTON, FL 34205**

**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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GARLAND, DOROTHY T
STREET ADDRESS	7809-36 AVE G
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	DVT
NAME	PARMENTER, PAMELA
STREET ADDRESS	7809-36 AVE E
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	DS
NAME	RIDGWELL, PAULA
STREET ADDRESS	8006 OAK DRIVE
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000146177
05/03/04-80055-010 61.25

**DO NOT WRITE
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)(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: Dorothy T. Garland **DOROTHY T. GARLAND, PRESIDENT** 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #