2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 29, 2008 8:00 am Secretary of State

DOCUMENT # N0200005469 1. Entity Name CAMP PALABRA, INC.								0	4-29-2008 90	071 009 ****61.	25
Principal Place of Business Mailing Address 537 10TH ST, W 537 10TH ST, W BRADENTON, FL 34205 BRADENTON, FL 34205								".			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7809 - 36TH AVE. EAST 7809 - 36TH AVE.											
Suite, Apt.			7809 - 36TH AVE. EAST Suite, Apt. #, etc.				04232008	Chg-NP	CR2E037 (12/06)		
City & State PALMETTO, FL				City & State PALMETTO, FL			•	4. FEI Number 11-36539	99		pplied For ot Applicable
Zip 34221	Country US 6. Name and Address of Current I		34:	Zip 34221		ntry S	5. Certificate o			S8.75 Ad Fee Require	
GARLAND, WILLIAM H 537 10TH ST, W BRADENTON, FL 34205)3	7. Name and Address of New Registered Agent 5 (P.O. Box Number is Not Acceptable) 36TH. AVE. EAST TO FL Zip Code 34221			
8. The above the obligat SIGNATURE	tions of registe	submits this stateme rydd agent. Allunau printeo name of registered s	4. To	eloud		d office or	register			ida. I am familiar with	
Fuling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Trust Fund Contribu								\$5.00 May Be Added to Fees	Florie	ike check payable t da Department of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	7809-36 A	OFFICERS AND , DOROTHY T VE G. D, FL 34221	DIRECTORS	☐ Delete	11. TITLE NAME STREET	T ADDRESS	PLF 361		CT STREET ST	S AND DIRECTORS IF ADDRESS hange	V 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7	, CIS AVE WEST ON, FL 34205		Delete	TITLE NAME STREET CITY-S	T ADDRESS	D GAR 780	LLAND, WIL 19 - 36TH AMETTO, FL	LIAM H. AVE. EAST	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RIDGWELI 8006 OAK PALMETTO			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-SI-ZIP	1207 16TH	ON, WENDE I AVE WEST ON, FL 34205		☐ Delete ·	TITLE NAME STREET CITY-S	T ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET	T ADDRESS				Change	Addition
of the cor	rporation or the	information supplied or supplemental repie e receiver or trustee e chment with an addre	empowered to a	execute this eport	as require	nptions co ore shall ha ed by Cha	ontained ave the poter 617	in Chapter 119, Fl same legal effect a 7, Florida Statutes; a	orida Statutes. I fi s if made under or and that my name	urther certify that the i ath; that I am an office appears in Block 10 c	nformation r or director or Block 11 if

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941.723.0185