2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# N02000007299

Entity Name: CAMP CHARIS, INC.

Current Principal Place of Business:

3574 SPENCE RD
PELHAM, GA 31779

New Principal Place of Business:

Current Mailing Address:

P O BOX 407
PELHAM, GA 31779

New Mailing Address:

FEI Number: 50-0006280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLMES, THOMAS C JR
927 HUNTINGDON RD
PANAMA CITY, FL 32405 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:	D	( ) Delete
Name:	WATERS, CRAIG	
Address:	3574 SPENCE RD	
City-St-Zip:	PELHAM, GA 31779	
Title:	T	( ) Delete
Name:	GREENWELL, CHARLIE	
Address:	2033 GRAY BIRCH WAY	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	T	( ) Delete
Name:	DOLLY, SHARON	
Address:	1248 PENNY LANE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	T	( ) Delete
Name:	ADAMS, DAVID	
Address:	2965 SHAMROCK N #29	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	T	( ) Delete
Name:	HOLMES, HELEN	
Address:	927 HUNTINGDON RD	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	T	( ) Delete
Name:	HOLMES, THOMAS	
Address:	927 HUNTINGTON RD	
City-St-Zip:	PANAMA CITY, FL 32405	

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:	T	(X) Change ( ) Addition
Name:	CABLE, DON	
Address:	4252 BEN BLVD	
City-St-Zip:	TALLAHASSEE, FL 32303	
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 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: CRAIG WATERS D 03/17/2006
Electronic Signature of Signing Officer or Director — Date