

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007299

FILED
Jan 16, 2009
Secretary of State

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: CABLE, DON
Address: 4252 BEN BLVD
City-St-Zip: TALLAHASSEE, FL 32303

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 HUNTINGDON 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SMITH, HAROLD
Address: PO BOX 407
City-St-Zip: PELHAM, GA 31779

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: THOMAS C HOLMES JR

MR

01/16/2009

Electronic Signature of Signing Officer or Director

Date