

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2004
Secretary of State**

DOCUMENT# N03000005010

Entity Name: W.O.L.F. YOUTH CAMP, INC.

Current Principal Place of Business:

1045 16 ST S
ST PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1045 16 ST S
ST PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 54-2113131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGE, TERALYN
1045 16 ST S
ST PETERSBURG, FL 33705

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: MOORE, JOANNE P
Address: 4065 38TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: V () Change (X) Addition
Name: BRIGHT, LENDEL V
Address: 5861 COFFEE BEAN DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: T () Change (X) Addition
Name: WILLIAMS, ADRIAN T
Address: 2050 63RD AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: S () Change (X) Addition
Name: RAINEY, JAYDA S
Address: 3901 39TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOANNE MOORE

D

04/12/2004

Electronic Signature of Signing Officer or Director

Date