


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000005010**  
 1. Entity Name  
**W.O.L.F. YOUTH CAMP, INC.**



Principal Place of Business      Mailing Address  
**1045 16 ST S**                              **1045 16 ST S**  
**ST PETERSBURG, FL 33705**              **ST PETERSBURG, FL 33705**

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**54-2113131**                              Not Applicable

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

6. Name and Address of Current Registered Agent  
**HODGE, TERALYN**  
**1045 16 ST S**  
**ST PETERSBURG, FL 33705**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when rechartering)

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOORE, JOANNE P
STREET ADDRESS	4065 38TH STREET SOUTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33711
TITLE	V
NAME	BRIGHT, LENDEL V
STREET ADDRESS	5861 COFFEE BEAN DRIVE
CITY - ST - ZIP	CLEARWATER, FL 33760
TITLE	T
NAME	WILLIAMS, ADRIAN T
STREET ADDRESS	2050 63RD AVENUE SOUTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33712
TITLE	S
NAME	RAINEY, JAYDA S
STREET ADDRESS	3901 39TH STREET SOUTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33711
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

000000461260  
 03/20/06-80043-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Len-del Bright*      3-6-06      727-481-1276  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #