

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005010

FILED  
Jun 02, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2540 NINTH AVE SOUTH  
ST PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

2540 NINTH AVE SOUTH  
ST PETERSBURG, FL 33712

**New Mailing Address:**

FEI Number: 54-2113131      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HODGE, TERALYN  
1045 16 ST S  
ST PETERSBURG, FL 33705      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: P      ( ) Delete  
Name: HODGE, TERALYN  
Address: 1045 16TH ST S  
City-St-Zip: SAINT PETERSBURG, FL 33705 US

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

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

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

**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:

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: TERALYN HODGE

P

06/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date