

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 24, 2004 8:00 am
Secretary of State

04-29-2004 90312 020 ****61.25

DOCUMENT # N03000007140

1. Entity Name

D.I.T. BOOTCAMP FOUNDATION, INC



Principal Place of Business

1928 BOOTHE CIRCLE
LONGWOOD FL 32750

Mailing Address

1928 BOOTHE CIRCLE
LONGWOOD FL 32750

66423688



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

562401528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALLENDER, SONYA M
811 GOLF VALLEY DRIVE
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P.D	<input type="checkbox"/> Delete
NAME	CALLENDER, SONYA M	
STREET ADDRESS	811 GOLF VALLEY DRIVE	
CITY- ST- ZIP	APOPKA FL 32712	
TITLE	VP.D	<input type="checkbox"/> Delete
NAME	CALLENDER, JEFFERY I	
STREET ADDRESS	811 GOLF VALLEY DRIVE	
CITY- ST- ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIWARI, VIJAY	
STREET ADDRESS	9809 RIVER CREST CT	
CITY- ST- ZIP	ORLANDO FL 32826	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHERMAN, BONITA	
STREET ADDRESS	204 DUBLIN DRIVE	
CITY- ST- ZIP	LAKE MARY FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, KESWICK	
STREET ADDRESS	1223 WYNDHAM DRIVE	
CITY- ST- ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sonya Callender 4/27/04