2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006
Secretary of State

DOCUMENT# N04000003908

Entity Name: CAMP MERCY CORPORATION

Current Principal Place of Business:

111 WALKER AVENUE
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

111 WALKER AVENUE
GREENACRES, FL 33463

New Mailing Address:

FEI Number: 20-1040211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

VAILLANCOURT, JAMES A
111 WALKER AVENUE
GREENACRES, FL 33463 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: VAILLANCOURT, JAMES A
Address: 111 WALKER AVENUE
City-St-Zip: GREENACRES, FL 33463

Title: V ( ) Delete
Name: HENRY, PHILIP J
Address: 4015 DORADO DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S ( ) Delete
Name: HURLEY, ROBIN A
Address: 145 ABACO DRIVE
City-St-Zip: PALM SPRINGS, FL 33461

Title: T ( ) Delete
Name: HAIR, JAMES
Address: 2485 GUILFORD WAY
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: JAMNER, JAUCQUES P
Address: 15851 SICILY TERRACE
City-St-Zip: WELLINGTON, FL 33414

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES A. VAILLANCOURT P 06/19/2006
Electronic Signature of Signing Officer or Director — Date