

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90049 001 ***361.25

DOCUMENT # N04000007877

1. Entity Name
CAMP KAIZEN SCHOLARSHIP FUND INC.



Principal Place of Business

**3414 57TH TERRACE WEST
BRADENTON, FL 34210**

Mailing Address

**P.O. BOX 10772
BRADENTON, FL 34282**

DO NOT WRITE IN THIS SPACE



05012007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-1508262

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GAY, JIM CPA
3984 MANATEE AVENUE EAST
BRADENTON, FL 34208**

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOLLETTIERI, CINDI PD
STREET ADDRESS 2371 LANDINGS CIRCLE
CITY-ST-ZIP BRADENTON, FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #