

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

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000011412

1. Entity Name
THE CAMP AT DEEP POND, INC.



Principal Place of Business
**8833 PERIMETER PARK BLVD.
SUITE 1104
JACKSONVILLE, FL 32216**

Mailing Address
**8833 PERIMETER PARK BLVD.
SUITE 1104
JACKSONVILLE, FL 32216**



04022007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-2023938

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CURLEY, CHARLES R JR.
13012 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32207**

**DO NOT WRITE
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	D
NAME	ATKERSON, CHARLES
STREET ADDRESS	8833 PERIMETER PARK BLVD #1104
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	MARKS, ANNA
STREET ADDRESS	8833 PERIMETER PARK BLVD #1104
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	MANN, NIKIA
STREET ADDRESS	8833 PERIMETER PARK BLVD #1104
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	GREGORY, NORMAN
STREET ADDRESS	8833 PERIMETER PARK BLVD #1104
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/07-80046-020 70.00

**DO NOT WRITE
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

4/24/07

Date

904-564-2252

Daytime Phone #