

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004729

FILED
Oct 10, 2006
Secretary of State

Entity Name: CAMP DAVID COMMUNITY CENTER, INC.

Current Principal Place of Business:

12617 KINGS CROSSING DR
GIBSONTON, FL 335343943

New Principal Place of Business:

825 N. PINE HILLS RD.
ORLANDO, FL 32808

Current Mailing Address:

12617 KINGS CROSSING DR
GIBSONTON, FL 335343943

New Mailing Address:

825 N. PINE HILLS RD.
ORLANDO, FL 32808

FEI Number: 20-2622875 **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:

KING, ANISSA
12617 KINGS CROSSING DR
GIBSONTON, FL 335343943 US

Name and Address of New Registered Agent:

KING, ANISSA
547 CASCADING CREEK LANE
WINTER GARDEN, FL 34787 US

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: ANISSA KING

10/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KING, ANISSA
Address: 12617 KINGS CROSSING DR
City-St-Zip: GIBSONTON, FL 335343943

Title: DV () Delete
Name: KING, ANNIE DELORES
Address: 1831 APPLEWOOD CT
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: KING, DEXTER
Address: 1767 DELAFIELD DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: DS () Delete
Name: KING-FENN, ANDRITA
Address: 11296 122ND AVE NORTH
City-St-Zip: LARGO, FL 33788

Title: T (X) Delete
Name: KING, VECHEAMONY
Address: 1767 DELAFIELD DR
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KING, ANISSA
Address: 547 CASCADING CREEK LANE
City-St-Zip: WINTER GARDEN, FL 34787

Title: DV (X) Change () Addition
Name: KING, ANNIE DELORES
Address: 552 CASCADING CREEK LANE
City-St-Zip: WINTER GARDEN, FL 34787

Title: DS (X) Change () Addition
Name: CARLTON, JANICE
Address: 6831 REUBENS CT.
City-St-Zip: ORLANDO, FL 32818

Title: T (X) Change () Addition
Name: NATHAN, MILTON
Address: 707 TOBIE CT.
City-St-Zip: ORLANDO, FL 32825

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: ANNIE DELORES KING

DV

10/10/2006

Electronic Signature of Signing Officer or Director

Date