

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004729

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CAMP DAVID COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

825 N. PINE HILLS RD.  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

825 N. PINE HILLS RD.  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 20-2622875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KING, ANISSA  
612 CASCADING CREEK LANE  
WINTER GARDEN, FL 34787 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: DP ( ) Delete  
Name: KING, ANISSA  
Address: 612 CASCADING CREEK LANE  
City-St-Zip: WINTER GARDEN, FL 34787

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

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

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

Title: DS (X) Delete  
Name: BELLMANY, PHIL  
Address: 119 OAK AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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: ANISSA KING

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date