

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008948

FILED
Mar 23, 2009
Secretary of State

Entity Name: CAMP 4 HEALTH, INC.

Current Principal Place of Business:

2040-B N DIXIE HWY.
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

2040-B N DIXIE HWY.
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 26-0899420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: SPENCER, WILL
Address: 2805 E OAKLAND PARK BLVD #219
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: VP () Delete
Name: BROOKS, J RANDY
Address: 201 NE 16TH PLACE #103
City-St-Zip: FT LAUDERDALE, FL 33305

Title: T () Delete
Name: KASE, NOLAND
Address: 1721 NW 48TH PLACE
City-St-Zip: POMPANO BEACH, FL 33064

Title: AT-L () Delete
Name: CANNON, KATHLEEN
Address: 1726 SE 3RD AVE
City-St-Zip: FT LAUDERDALE, FL 33316

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:

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: WILL SPENCER

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date