

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007080

FILED
Jun 12, 2012
Secretary of State

Entity Name: CAMP FOR US, INC.

Current Principal Place of Business:

897 SW CARMELITE ST
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

897 SW CARMELITE ST
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 45-2818779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EMPIRE TAX AND BUSINESS SOLUTIONS
697 NW 21ST AVE
POMPANO BEACH, FL 33069 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
Name: ROBINSON, TAMMY L
Address: 897 SW CARMELITE ST
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP
Name: ROBINSON, JOHN IV
Address: 897 SW CARMELITE ST
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D
Name: TOWNSEND, QUEEN
Address: 5335 NW NASSAU LANE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: T
Name: TAYLOR, CHRIS DR.
Address: 1650 TIMBER LAKE DRIVE
City-St-Zip: FORT PIERCE, FL 349947

Title: D,S
Name: WATKINS, OLIVIA
Address: 1903 SAN DIEGO AVE.
City-St-Zip: FORT PIERCE, FL 34946

Title: D
Name: FREDERICK, IDA
Address: 752 BENT CREEK DRIVE
City-St-Zip: FORT PIERCE, FL 34947

I hereby 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 all other like empowered.

SIGNATURE: TAMMY LYNN ROBINSON

MRS.

06/12/2012

Electronic Signature of Signing Officer or Director

Date