

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11938

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: CAMP ARMO, INC.

## Current Principal Place of Business:

GERALDINE LEAMAN  
P.O. BOX 5000 GOB MC FLAPKA0240  
ALTAMONTE SPRINGS, FL 32716

## New Principal Place of Business:

GERALDINE LEAMAN  
3453 E OSCEOLA ROAD  
GENEVA, FL 32732

## Current Mailing Address:

GERALDINE LEAMAN  
P.O. BOX 5000 GOB MC FLAPKA0240  
ALTAMONTE SPRINGS, FL 32716

## New Mailing Address:

GERALDINE LEAMAN  
3305 CURTIS DRIVE  
APOPKA, FL 32703

FEI Number: 59-2620213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GERALDINE LEAMAN  
3305 CURTIS DR  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

LEAMAN, GERALDINE B TD  
3305 CURTIS DR  
APOPKA, FL 32703 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: GERALDINE LEAMAN

04/24/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STANALAND, WOODY  
Address: HOLOPAW TR. #9  
City-St-Zip: WINTER PARK, FL

Title: VD ( ) Delete  
Name: OATES, DAVID  
Address: 821 MELODY DR.  
City-St-Zip: CHULUOTA, FL

Title: TD ( ) Delete  
Name: LEAMAN, GERALDINE  
Address: 3305 CURTIS DR.  
City-St-Zip: APOPKA, FL 32703

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: SEC ( ) Change (X) Addition  
Name: MCCABE-NYCUM, PHYLLIS  
Address: 1400 SHADOWBROOK  
City-St-Zip: ENTERPRISE, FL 32725

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: GERALDINE LEAMAN

TD

04/24/2007

Electronic Signature of Signing Officer or Director

Date