2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N31266

1. Entity Name
CAMP BLANDING MUSEUM AND HISTORICAL ASSOCIATES, INC.

FILED
05 MAY -6 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/21/05 90055 011 $61.25

03302005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
ROUTE 1, BOX 465 CAMP BLANDING STARKE, FLORIDA 32091-9703	ROUTE 1, BOX 465 CAMP BLANDING STARKE, FLORIDA 32091-9703

2. Principal Place of Business	3. Mailing Address
5629 SR 16 WEST	5629 SR 16 WEST
Suite, Apt. #, etc.: BUILDING # 3040	Suite, Apt. #, etc.: BUILDING # 3040
City & State: STARKE, FLORIDA	City & State: STARKE, FLORIDA
Zip: 32091 Country: USA	Zip: 32091 Country: USA

4. FEI Number: 59-2951543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORY W PARSONS
RT 1 BOX 465 CAMP BLANDING
BLD 3040
STARKE, FL 32091

7. Name and Address of New Registered Agent

Name: KENT R. PETELLE
Street Address (P.O. Box Number is Not Acceptable): 5629 SR 16 WEST
BUILDING # 3040
City: STARKE FL Zip Code: 32091

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kent R. Petelle KENT R. PETELLE REGISTERED AGENT APRIL 4, 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOZDRAS, FRANK W 567 SAN CLEMENTI DR. ORANGE PARK, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PETELLE, KENT R 301 CHARLOTT ST ST AUGUSTINE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D PETELLE, KENT R. 2673 SR 230 EAST STARKE, FL 32091 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OFELDT, FRANK PO BOX 6405 FERNANDINA, FL 32035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OFELDT, FRANK P. O. BOX 6405 FERNANDINA, FL 32035 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, RODNEY P. RT. 1, BOX 660 STARKE, FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D HALL, RODNEY P. 1664 SE CR 18 STARKE, FL 32091 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUGHES, JAMES E RT 2 BOX 1243 STARKE, FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGHES, JAMES E. 380 BOYS RANCH ROAD PALATKA, FL 32177 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HATCHER, HARRY M. 1720 E. CALL ST. STARKE, FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HATCHER, HARRY M., JR. 2602 SR 230 EAST STARKE, FL 32091 ☒ Change ☐ Addition

$61.25/12

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rodney P. Hall RODNEY P. HALL APRIL 4, 2005 (352) 473-3152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #