## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N31266

FILED Feb 16, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

5629 SR 16 WEST BUILDING #3040 STARKE, FL 32091

Current Mailing Address: New Mailing Address:

5629 SR 16 WEST BUILDING #3040 STARKE, FL 32091

FEI Number: 59-2951543 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PARSONS, GREGORY W 5629 SR 16 WEST BUILDING #3040 STARKE, FL 32091 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

 Name:
 KOZDRAS, FRANK W

 Address:
 567 SAN CLEMENTI DR.

 City-St-Zip:
 ORANGE PARK, FL 32003

Title: D

Name: PETELLE, KENT R Address: 2673 SR 230 EAST City-St-Zip: STARKE, FL 32091

Title:

Name: SCHIFFER, JOE
Address: 558 GEORGE TAYLOR ST
City-St-Zip: ORANGE PARK, FL 32073

Title: 5

Name: COX, DEBRA Address: 2801A USINA RD.

City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP

Name: RINAMAN, JIM Address: PO BOX 447

City-St-Zip: JACKSONVILLE, FL 32201

Title: [

Name: STUART, JACK

Address: 10253 BRIARCLIFF RD E City-St-Zip: JACKSONVILLE, FL 32218

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: GREGORY W PARSONS RA 02/16/2010