2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# N31266

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

Current Principal Place of Business:

5629 SR 16 WEST
BUILDING #3040
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

5629 SR 16 WEST
BUILDING #3040
STARKE, FL 32091

New Mailing Address:

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

Name and Address of Current Registered Agent:

PARSONS, GREGORY W
5629 SR 16 WEST
BUILDING #3040
STARKE, FL 32091 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: S
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: T
Name: SCHIFFER, JOE
Address: 558 GEORGE TAYLOR ST
City-St-Zip: ORANGE PARK, FL 32073

Title: VP
Name: COX, DEBRA
Address: 2801A USINA RD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: P
Name: RINAMAN, JIM
Address: PO BOX 447
City-St-Zip: JACKSONVILLE, FL 32201

Title: D
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: JOE SCHIFFER T 04/10/2012

Electronic Signature of Signing Officer or Director — Date