

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32701

FILED
Apr 14, 2009
Secretary of State

Entity Name: CAMP GOOD DAYS AND SPECIAL TIMES, INC.

Current Principal Place of Business:

1332 PITTSFORD-MENDON RD
P. O. BOX 665
MENDON, NY 14506 US

New Principal Place of Business:

Current Mailing Address:

1332 PITTSFORD-MENDON RD
P. O. BOX 665
MENDON, NY 14506 US

New Mailing Address:

FEI Number: 22-2329654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOUR CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE 1
TALLAHASSEE, FL 32301 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: DC () Delete
Name: MERVIS, GARY
Address: 81 ELLINGWOOD DRIVE
City-St-Zip: ROCHESTER, NY 14618 US

Title: DP () Delete
Name: BLEIER, ROBERT J
Address: 17 SULLY'S TRAIL
City-St-Zip: FAIRPORT, NY 14534 US

Title: DVP () Delete
Name: EDUARDO, JOSEPH
Address: 1332 PITTSFORD-MENDON ROAD
City-St-Zip: MENDON, NY 14625 US

Title: DT () Delete
Name: MERCIER, MICHAEL
Address: 909 LINDEN AVENUE
City-St-Zip: ROCHESTER, NY 14625

Title: DVT () Delete
Name: BEWLEY, MICHAEL
Address: 255 WOODCLIFF DRIVE
City-St-Zip: FAIRPORT, NY 14450

Title: DS (X) Delete
Name: ARMER, KAROLYNE
Address: 2130 FIVE MILE LINE ROAD
City-St-Zip: PENFIELD, NY 14526

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:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GARY MERVIS

DC

04/14/2009

Electronic Signature of Signing Officer or Director

Date