

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002233

FILED  
Aug 05, 2008  
Secretary of State

Entity Name: CAMP MT. PLEASANT, INC.

## Current Principal Place of Business:

CAMP MT PLEASANT INC  
1884 PLEASANT HILL RD  
BONIFAY, FL 32425 US

## New Principal Place of Business:

## Current Mailing Address:

DAVID BAKER  
7561 MOBILE HWY  
PENSACOLA, FL 32526 US

## New Mailing Address:

DR. SHAWN A. WILLIAMS  
19551 NW SR73  
CLARKSVILLE, FL 32430 US

FEI Number: 59-3044608      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BAKER, DAVID  
7561 MOBILE HWY  
PENSACOLA, FL 32526 US

## Name and Address of New Registered Agent:

WILLIAMS, SHAWN A DR.  
7561 MOBILE HWY  
PENSACOLA, FL 32526 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: DR. SHAWN A. WILLIAMS

08/05/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: BAKER, DAVID  
Address: 7561 MOBILE HWY  
City-St-Zip: PENSACOLA, FL 32526

Title: PD ( ) Delete  
Name: HUSSEY, DONNIE  
Address: 4504 MAGNOLIA RD  
City-St-Zip: MARIANNA, FL 32448

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: WILLIAMS, SHAWN  
Address: 19551 NW SR73  
City-St-Zip: CLARKSVILLE, FL 32430 US

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: SHAWN A. WILLIAMS

DR.

08/05/2008

Electronic Signature of Signing Officer or Director

Date