2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N96000001903

Entity Name: CAMP S.K.A.M.P., INC.

Current Principal Place of Business:

1086 HWY C4A
BAKER, FL 32531 US

New Principal Place of Business:

6094 GIBSON ROAD
BAKER, FL 32531 US

Current Mailing Address:

PO BOX 216
BAKER, FL 32531 US

New Mailing Address:

6094 GIBSON ROAD
BAKER, FL 32531 US

FEI Number: 59-3446094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADLEY, WAYNE D
6900-B NORTH 9TH AVENUE
PENSACOLA, FL 32504 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:	D	( ) Delete
Name:	MITCHELL, ERIC	
Address:	284 HOLLAND ST	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	D	( ) Delete
Name:	SPRAGUE, ANN	
Address:	P.O. BOX 216	
City-St-Zip:	BAKER, FL 32531	
Title:	D	( ) Delete
Name:	FLEMING, JENNIFER	
Address:	5050 WOODMERE STREET	
City-St-Zip:	MOBILE, AL 36693	
Title:	D	( ) Delete
Name:	WALTHER, RENEE	
Address:	1756 N PEARL STREET	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	D	( ) Delete
Name:	ZEIER, DORICE	
Address:	1207 CREEK BRIDGE ROAD	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	D	( ) Delete
Name:	WALTHER, DOROTHY	
Address:	6094 GIBSON ROAD	
City-St-Zip:	BAKER, FL 32531	

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:		
Title:	D	(X) Change ( ) Addition
Name:	WALTHER, RENEE	
Address:	510 HYDE PARK DRIVE	
City-St-Zip:	CRESTVIEW, FL 32539	
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: DOROTHY WALTHER D 04/15/2009
Electronic Signature of Signing Officer or Director — Date