2006 NOT-FOR-PROFIT CORRORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005397

1. Entity Name
GATOR WILDERNESS CAMP SCHOOL, INC.

Principal Place of Business	Mailing Address
44930 FARABEE RD PUNTA GORDA, FL 33982 US	44930 FARABEE RD PUNTA GORDA, FL 33982 US

02072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0704638

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EMERY, SHERI
7049 SW GROVE DR
ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and, if applicable, office title. (NOTE: Registered agent's signature required where mandatory.)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000434284
02/24/06-80057-004 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHARP, DENNIS
STREET ADDRESS	2902 SW HWY 17
CITY ST ZIP	ARCADIA, FL 34266
TITLE	TD
NAME	YODER, MARK
STREET ADDRESS	132 MELDON LANE
CITY ST ZIP	SARASOTA, FL 34232
TITLE	SD
NAME	WEAVER, LAVONNE
STREET ADDRESS	3910 ETON PLACE
CITY ST ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sherill A Emery Sherill A. Emery 2/7/06 863-491-8230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number