


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 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      44930 FARABEE RD  
 PUNTA GORDA, FL 33982 US      PUNTA GORDA, FL 33982 US

**DO NOT WRITE IN THIS SPACE**



01202008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>65-0704638</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**EMERY, SHERI**  
 7049 SW GROVE DR  
 ARCADIA, FL 34266

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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000809436  
 02/08/08 80021-021 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, DENNIS 2902 SW HWY 17 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YODER, MARK 132 MELDON LANE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLANK, DAVE 5617 BAHIA VISTA STREET SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Dennis Sharp **Dennis Sharp** 1/27/08 (863) 494-7605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #