## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000003741

Entity Name: CAMP WINGMANN, INC.

FILED Feb 05, 2008 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
3401 N CAMP WINGMAN RD AVON PARK, FL 33825 US				GMANN RD RK, FL 33825	US	
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
3401 N CAMP WINGMAN RD AVON PARK, FL 33825 US			3404 WINGMANN RD AVON PARK, FL 33825 US			
FEI Number:	: 65-0846704	FEI Number Applied For()	FEI Number Not App	icable ( )	Certificate of Status Desired (	)
Name and	Address of C	urrent Registered Agent:	Name and	Address of Ne	w Registered Agent:	
The above	NECREST CO D, FL 33813	URT US submits this statement for the p	urpose of changing i	ts registered offi	ce or registered agent, or	both,
SIGNATUR		is Cissastana at Desistenad Assa			Dete	
OFFICER		ic Signature of Registered Age		Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
OFFICERS	S AND DIREC	IORS:	ADDITION	IS/CHANGES I	O OFFICERS AND DIRE	CIORS
Title: Name: Address: City-St-Zip:	D () YATES, DAVIS 1826 STONECF LAKELAND, FL	REST COURT	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WHITE, JOHN	AVENUE SOUTH	Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MD () YATES, WILLIA 3301 N CAMP V AVON PARK, FI	VINGMANN RD	Title: Name: Address: City-St-Zip:	MD (X) O YATES, WILLIAW 3400 WINGMAN AVON PARK, FL	N RD	
Title: Name: Address: City-St-Zip:	ATKINSON, TH	EACH BLVD #804	Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () BARTLE, PHYL 330 HICKORY / ORANGE CITY,	AVENUE	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD () BOURNE, ANNA 2102 LADNER I PALM BAY, FL	ROAD NE	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	

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: WILLIAM J. YATES MD 02/05/2008