2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N98000003741

Entity Name: CAMP WINGMANN, INC.

Current Principal Place of Business:

3404 WINGMANN RD
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

3404 WINGMANN RD
AVON PARK, FL 33825 US

New Mailing Address:

FEI Number: 65-0846704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YATES, DAVIS V
1826 STONECREST COURT
LAKELAND, FL 33813 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:	YATES, DAVIS V	
Address:	1826 STONECREST COURT	
City-St-Zip:	LAKELAND, FL 33813	
Title:	SD	( ) Delete
Name:	WHITE, JOHN C	
Address:	753 JOHNSON AVENUE SOUTH	
City-St-Zip:	LAKELAND, FL 33801	
Title:	MD	( ) Delete
Name:	YATES, WILLIAM J	
Address:	3400 WINGMANN RD	
City-St-Zip:	AVON PARK, FL 33825	
Title:	VPD	( ) Delete
Name:	ATKINSON, THOMAS	
Address:	3450 OCEAN BEACH BLVD #804	
City-St-Zip:	COCOA BEACH, FL 32831	
Title:	TD	( ) Delete
Name:	BARTLE, PHYLLIS	
Address:	330 HICKORY AVENUE	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	PD	( ) Delete
Name:	BOURNE, ANNA	
Address:	2102 LADNER ROAD NE	
City-St-Zip:	PALM BAY, FL 32907	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: WILLIAM J. YATES MD 03/23/2009

Electronic Signature of Signing Officer or Director — Date