

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90011 026 \*\*\*\*70.00

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<b>DOCUMENT # N99000003374</b> 1. Entity Name <b>CAMELOT COMMUNITY CARE, INC.</b>					
Principal Place of Business 5444 JEFFERSON DAVIS HIGHWAY SUITE 100 FREDERICKSBURG, VA 22407 US			Mailing Address 620 NORTH CRAYCROFT TUCSON, AZ 85711		
2. Principal Place of Business <b>4910-D Creekside dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>4910-D Creekside dr.</b> Suite, Apt. #, etc.			
City & State <b>Clearwater FL</b> Zip <b>33760</b> Country		City & State <b>Clearwater, FL</b> Zip <b>33760</b> Country <b>PineHAR</b>		4. FEI Number <b>31-1659302</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCCUSKER, FLETCHER 620 NORTH CRAYCROFT TUCSON, AZ 85711	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Dover Boyd 4910-D Creekside dr Clearwater FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAVIS, MARTIN J 35 KNOLLWOOD ESTATES DRIVE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAVUS MARTIN 4910-D Creekside dr. Clearwater FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEITCH, MICHAEL N 620 NORTH CRAYCROFT TUCSON, AZ 85711	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bedell Doris 5196 Hope Lane Spring Hill, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holland, Shirley 841 Jimmy Ann Drive Daytona Beach, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Boyd Dover</u> <b>Boyd Dover</b> <u>2/4/04</u> <u>727-599-0800</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					