## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003374

Entity Name: CAMELOT COMMUNITY CARE, INC.

FILED May 18, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	EEKSIDE DR TER, FL 33760	US			
Current Mailing Address:			New Mailing Address:		
4910-D CREEKSIDE DR CLEARWATER, FL 33760 US		620 NORTH CRAYCROFT TUCSON, AZ 85711 US			
FEI Number:	31-1659302 F	El Number Applied For ( ) FEI Num	nber Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: N			Name and	Name and Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US  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.					
SIGNATUR		Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CP () Del DOVER, BOYD 4910-D CREEKSID CLEARWATER, FL	E DR	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition BEDELL, DORIS 5196 HOPE LANE SPRING HILL, FL 34606	
Title: Name: Address: City-St-Zip:	PD () Del FAVIS, MARTIN J 4910-D CREEKSID CLEARWATER, FL	E DR	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition FAVIS, MARTIN J 4910-D CREEKSIDE DR CLEARWATER, FL 33760 US	
Title: Name: Address: City-St-Zip:	D () Del BEDELL, DORIS 5196 HOPE LANE SPRING HILL, FL 3		Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition DIBRIZZI, MIKE 4910-D CREEKSIDE DR CLEARWATER, FL 33760 US	
Title: Name: Address: City-St-Zip:	D () Del HOLLAND, SHIRLE 841 JIMMY ANN DR DAYTONA BEACH,	Y RIVE	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition NORRIS, CRAIG 5444 JEFFERSON DAVIS HWY, STE 100 FREDERICKSBURG, VA 22407 US	
Title: Name: Address: City-St-Zip:	()Del	ete	Title: Name: Address: City-St-Zip:	ST ( ) Change (X) Addition REINECKER, CHRIS 4910-D CREEKSIDE DRIVE CLEARWATER, FL 33760 US	
Title: Name: Address: City-St-Zip:	()Del	ete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition HAYDEN, MIKE 5444 JEFFERSON DAVIS HWY, STE 100 FREDERICKSBURG, VA 22407 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRIS REINECKER ST 05/18/2004

SHIRLEY HOLLAND, DIRECTOR 841 JIMMY ANN DRIVE DAYTONA BEACH, FL 32117

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