
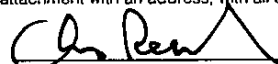


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90152 034 ****61.25

DOCUMENT # N99000003374 1. Entity Name CAMELOT COMMUNITY CARE, INC.					
Principal Place of Business 4910-D CREEKSIDE DR CLEARWATER, FL 33760 US			Mailing Address 620 NORTH CRAYCROFT TUCSON, AZ 85711 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4910-D Creekside Dr. Suite, Apt. #, etc.			
City & State Zip		City & State Clearwater, Florida Zip 33760		Country USA	
4. FEI Number 31-1659302				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEDELL, DORIS 5196 HOPE LANE SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Favis, Martin J 4910-D Creekside Dr. Clearwater, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAVIS, MARTIN J 4910-D CREEKSIDE DR CLEARWATER, FL 33760	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Holland, Shirley 4910-D Creekside Dr. Clearwater, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DIBRIZZI, MIKE 4910-D CREEKSIDE DR CLEARWATER, FL 33760	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Harvey, Paul 4910-D Creekside Dr. Clearwater, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NORRIS, CRAIG 5444 JEFFERSON DAVIS HWY, STE 100 FREDERICKSBURG, VA 22407	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McGinnis, Christopher 4910-D Creekside Dr. Clearwater, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST REINECKER, CHRIS 4910-D CREEKSIDE DRIVE CLEARWATER, FL 33760	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Liles, Paul 4910-D Creekside Dr. Clearwater, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAYDEN, MIKE 5444 JEFFERSON DAVIS HWY, STE 100 FREDERICKSBURG, VA 22407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dwyre, Elena 4910-D Creekside Dr. Clearwater, FL 33760
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.					
SIGNATURE:  Chris Reinecker 4/5/05 727-593-0003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # x3241</small>					

ATTACHMENT

40052617

Block 11 - Additions/Changes to Officers and Directors (continued)

#N99000003374

Addition

D
Steve Tutt
4910-D Creekside Dr.
Clearwater, FL 33760

Addition

D
Chuck Boien
4910-D Creekside Dr.
Clearwater, FL 33760