## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9900003374  1. Entity Name CAMELOT COMMUNITY CARE, INC.								04-11-20	05 90152	034 ****6	1.25		
Principal Place of Business 4910-D CREEKSIDE DR CLEARWATER, FL 33760 US			620	Mailing Address 620 NORTH CRAYCROFT TUCSON, AZ 85711 US			·		6 1848 1814 581H 881H		111 <b>24</b> 1714 1 <b>24</b> 11 <b>117</b>	::::::::::::::::::::::::::::::::::::::	
Principal Place of Business     Suite, Apt. #, etc.			491	3. Mailing Address 4910-D-Creakside Dr. Suite, Apt. #, etc.				( IZOIIIZ) O					
			Jul	ta, Apt. #, etc.				04042005	Chg-NP	CR2E	037 (10/03)		
City & State			Clearwater Fl		lorda		4. FEI Numb 31-165			<del></del>	pplied For at Applicable		
Zip		Country	33	760		Intry SA		5. Certificate	of Status Desire	3d 🗌	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent							:	7. Name and Address of New Registered Agent					
CTCORR	PATION	JSVSTEM	**			Name							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						Street A	ddress (I	P.O. Box Numb	er is Not Accept	table)	_		
PLANTATI	ION, FL 3	33324											
						City				F			
	named entit tions of regis	ly submits this statement tered agent.	for the purp	ose of changing it	s registere	ed office o	r register	ed agent, or bo	oth, in the State of	of Florida. I a	n familiar with,	and accept	
0.014.74.05													
SIGNATURE .			-			-							
-	Signature, typed	d or printed name of registered age	ent and title if app	ticable. (NO	TE: Registere	d Agent signal	ture required	when reinstating)		DATE			
	Filing Fe	d or printed name of registered ego see is \$61.25 May 1, 2005	ent and title if app	9. Election Ca Trust Fund	ampaign F	inancing		\$5.00 May I Added to Fees	1	Make che Florida Dep	ck payable t artment of S	tate	
10.	Filing Fe Due by f	e is \$61.25		9. Election Ca Trust Fund	ampaign F Contribut	inancing ion.		\$5.00 May I Added to Fees		Make che Florida Dep	ock payable t artment of S	tate	
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Increay certify mat the information supplied with this filling does not quality for the exemption stated in Section 193.07(3)(f). 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 eath; 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: (

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

### **ATTACHMENT**

#N9900008374

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

### Addition

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

### Addition

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