## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2006 8:00 am Secretary of State

					) D	urua	ry or	ou	···
DOCUMENT # N9900003374  1. Entity Name CAMELOT COMMUNITY CARE, INC.							00218 007 *		
Principal Place 4910-D CREE CLEARWATER	EKSIDE DR	Mailing Address 4910 CREEKSIDE DRIVE SUITE D CLEARWATER, FL 33760	o us						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04212006 CH	ng-NP	CR2E037 (		
City & State		City & State			4. FEI Number 31-165930	2		_	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		.75 Add Required	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New I	Registered Age	nt	
CTCORP	ORATION SYSTEM		Name				<del></del>		
1200 SOU	TH PINE ISLAND ROAD ON, FL 33324		Street A	Street Address (P.O. Box Number is Not Acceptable)					
12/44//(//	311,12 33321								
			City				FL	Zip Code	<del></del>
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistered office or	register	ed agent, or both, in	the State of F	orida. I am fam	iliar with,	and accept
, Jg	iono evolgizione a agricia								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signate	ure required	when reinstating)		DATE		
						<u> </u>			
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees		Make check partme	-	
10.	_	Trust Fund Co			\$5.00 May Be	Flo	rida Departme	ent of St	tate
TITLE NAME STREET ADDRESS	Due by May 1, 2006  OFFICERS AND DI PD BEDELL, DORIS 5196 HOPE LANE	Trust Fund Co	TITLE NAME STREET ADDRESS		\$5.00 May Be Added to Fees	ES TO OFFICE	rida Departmo	ent of St	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006  OFFICERS AND DI PD BEDELL, DORIS	Trust Fund Co	11. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	\$5.00 May Be Added to Fees	FIO ES TO OFFICI	rida Departmo	TORS IN	1 10
TITLE NAME STREET ADDRESS	Due by May 1, 2006  OFFICERS AND DI PD BEDELL, DORIS 5196 HOPE LANE SPRING HILL, FL 34606	Trust Fund Co	TITLE NAME STREET ADDRESS	<u> </u>	\$5.00 May Be Added to Fees	ES TO OFFICE	rida Departmo	ETORS IN Change	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2006  OFFICERS AND DI  PD BEDELL, DORIS 5196 HOPE LANE SPRING HILL, FL 34606  V FAVIS, MARTIN J 4910-D CREEKSIDE DR	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS	Day Boye Haro Dae	\$5.00 May Be Added to Fees ADDITIONS/CHANG L Dore- -D Greeks, L ruoter, FL Sheridan, PL	ES TO OFFICI	rida Departmo	ETORS IN Change	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2006  OFFICERS AND DI  PD BEDELL, DORIS 5196 HOPE LANE SPRING HILL, FL 34606  V FAVIS, MARTIN J 4910-D CREEKSIDE DR CLEARWATER, FL 33760	Trust Fund Co	TIL. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Day Boye Haro Dae	\$5.00 May Be Added to Fees	ES TO OFFICE	rida Departmo	ETORS IN Change Change	110 Addition
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TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006  OFFICERS AND DI  PD BEDELL, DORIS 5196 HOPE LANE SPRING HILL, FL 34606  V FAVIS, MARTIN J 4910-D CREEKSIDE DR CLEARWATER, FL 33760	Trust Fund Co	TIL. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Boye 4910 Dae 4910 Clea	\$5.00 May Be Added to Fees ADDITIONS/CHANG L Dore- -D Greeks, L ruoter, FL Sheridan, PL	510 OFFICE 33760 800 33760	rida Departmo	ETORS IN Change Change	110 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2006  OFFICERS AND DI PD BEDELL, DORIS 5196 HOPE LANE SPRING HILL, FL 34606  V FAVIS, MARTIN J 4910-D CREEKSIDE DR CLEARWATER, FL 33760  VP DIBRIZZI, MIKE	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DC Boye 4910 Dae 4910 Clea	\$5.00 May Be Added to Fees ADDITIONS/CHANG L Dover - D Creeks, L ruoter, FL Sheridan, PL D Creeks, L ruoter, FL Harvey	510 OFFICE 33760 33760	rida Departmo	ETORS IN Change Change	Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006  OFFICERS AND DI  PD BEDELL, DORIS 5196 HOPE LANE SPRING HILL, FL 34606  V FAVIS, MARTIN J 4910-D CREEKSIDE DR CLEARWATER, FL 33760  VP DIBRIZZI, MIKE 4910-D CREEKSIDE DR CLEARWATER, FL 33760  D	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DC Boye 4910 Dae 4910 Clea	\$5.00 May Be Added to Fees ADDITIONS/CHANG L Dover -D Greeksile ructer, FL Sheridan, Plan D Greeksile ructer, FL Harvey 2 Altamont A	510 OFFICE \$3760 \$3760 \$3760	rida Departmo	ETORS IN Change Change	110 Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2006  OFFICERS AND DI  PD BEDELL, DORIS 5196 HOPE LANE SPRING HILL, FL 34606  V FAVIS, MARTIN J 4910-D CREEKSIDE DR CLEARWATER, FL 33760  VP DIBRIZZI, MIKE 4910-D CREEKSIDE DR CLEARWATER, FL 33760  D HOLLAND, SHIRLEY	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DC Boye 4910 Dae 4910 Clea	\$5.00 May Be Added to Fees  ADDITIONS/CHANG  L Dover - D Greeks, b. FL  She ridan, PL  D Greeks, b. Tuator, FL  Harvey 2 Altamont  Myors, FL	510 OFFICE 53760 53760 53760 53760	rida Departmo	CTORS IN CHANGE Change Change	Addition  Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:



4/24/06

727-593-0003

Daytime Phone #

2006 NOT-FOR-PROFIT CORPORATION ATTACHMENT ANNUAL REPORT

DOCUMENT AND OTTO COM	i Addi	tional							
DOCUMENT # N990000033									
CAMELOT COMMUNITY CARE, INC.	\ \ <u>\</u>	0 0	17	<u>.</u> .					
			300	Direc	tors and	OFF	1cers		
	Mailing Address				tors and				
4910-D CREEKSIDE DR CLEARWATER, FL 33760 US	4910 CREEKSIDE DRIV SHITE D	E		1 98	っとろすだ	33			
	CLEARWATER, FL 337	60 US					38 BI (88)		
2. Principal Place of Business	Mailing Address			-					
				an sen ean em sen este					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			04212006 Ch	g-NP CR2E0	37 (11/05)			
City & State	City & State			4. FEI Number 31-165930			plied For		
Zip Country	Zip Countr			_ \$8.75			Not Applicable  5 Additional		
6. Name and Address of Current Reg			Certificate of Status Desired Fee Required      Name and Address of New Registered Agent						
	Jistered Agent	Nan	e	7. Name and Add	ress of New Registered	Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Stre	et Address (P.O. Box Number is Not Acceptable)						
PLANTATION, FL 33324		-							
		City	City Pr Zip Code						
8. The above named entity submits this statement for the	e purpose of changing its		e or registe	red agent or both in	the State of Florida Lam		and accent		
the obligations of registered agent.	o perpose or arranging no	registered ont	o or regions	iod agom, or bom, ar	and diale of the first	,	doodp.		
SIGNATURE									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Filing Fee is \$61.25  9. Election Campaign Financing \$5.00 May Be Make check payable to									
Due by May 1, 2006	Trust Fund (	Contribution,		Added to Fees	Florida Depa				
10. OFFICERS AND DIRECT	CTORS Delete	11.	12	ADDITIONS/CHANG	ES TO OFFICERS AND D	Change	10 Addition		
NAME BEDELL, DORIS	_ Delete	NAME	Mac	y Shea	~ L		riconion		
STREET ADDRESS 5196 HOPE LANE CITY-ST-ZIP SPRING HILL, FL 34606		STREET ADDR CITY-ST-ZIP		N. Crayers	85711				
TITLE V	☐ Delete	TITLE	D	son, 42.	92 (11	☐ Change	Addition		
NAME FAVIS, MARTIN J STREET ADDRESS 4910-D CREEKSIDE DR		NAME STREET ADDR	Chuc	t Bojen					
CITY-ST-ZIP CLEARWATER, FL 33760		CITY-ST-ZIP			Ulinois 60106				
THLE VP		TITLE	CEO	)		☐ Change	Addition		
NAME DIBRIZZI, MIKE STREET ADDRESS 4910-D CREEKSIDE QR	•	NAME Street addr	SS 223	2 Altanoat	Ave.				
CITY-ST-ZIP CLEARWATER, FL 33760		CITY-ST-ZIP	FY.	Myers, 1	-L 33901				
TITLE D NAME HOLLAND, SHIRLEY	☐ Delete	TITLE NAME	;	,		Change	Addition		
STREET ADDRESS 4910-D CREEKSIDE DRIVE		STREET ADDR	ss						
CITY-ST-ZIP CLEARWATER, FL 33760	☐ Patri	CITY-ST-ZIP				☐ Change	☐ Addition		
NAME REINECKER, CHRIS	☐ Delete	NAME				change	☐ Addition		
STREET ADDRESS 4910-0 CREEKSIDE DRIVE		STREET ADDR	SS						
CITY-ST-ZIP CLEARWATER, FL 33760	Relete	TITLE				☐ Change	☐ Addition		
NAME HAYDEN, MIKE		NAME							
STREET ADDRESS 5444 JEFFERSON DAVIS HWY, ST CITY-ST-ZIP FREDERICKSBURG, VA 22407	E 100	STREET ADDR	iss						
12. I hereby certify that the information supplied with thi	s filing does not qualify fo	or the exemption	is contained	in Chapter 119, Flor	ida Statutes. I further cer	tify that the in	formation		
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:									