

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007539

**FILED**  
**Apr 19, 2004**  
**Secretary of State****Entity Name:** ITHIEL CAMP AND RETREAT CENTER INC.**Current Principal Place of Business:**2079 HEMPEL AVENUE  
GOTHA, FL 34734**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 25  
GOTHA, FL 34734**New Mailing Address:****FEI Number:** 58-2525404**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NEFF, MICHAEL T  
2037 HEMPEL AVENUE  
PO BOX 165  
GOTHA, FL 34734**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**OFFICERS AND DIRECTORS:****Title:** CD ( ) Delete  
**Name:** ZIEGLER, DAWN  
**Address:** 3910 DUFFER RD  
**City-St-Zip:** SEBRING, FL 33872**Title:** VCD ( ) Delete  
**Name:** CROUSE, PETE  
**Address:** 2821 OVERLAKE DR  
**City-St-Zip:** ORLANDO, FL 32806**Title:** D ( ) Delete  
**Name:** HOLLENBERG, DEAN  
**Address:** 4275 CREMORA DRIVE  
**City-St-Zip:** SEBRING, FL 33872**Title:** D ( ) Delete  
**Name:** YOUNG, ALAN  
**Address:** 4513 WETHERBEE RD  
**City-St-Zip:** ORLANDO, FL 32824**Title:** D ( ) Delete  
**Name:** RITENOUR, ARLENE  
**Address:** 1008 62ND ST CT W  
**City-St-Zip:** BRADENTON, FL 34209**Title:** D ( ) Delete  
**Name:** MILLER, GLENN  
**Address:** 850 MAURY ROAD #60  
**City-St-Zip:** ORLANDO, FL 32804**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VCD (X) Change ( ) Addition  
**Name:** ZIEGLER, DAWN  
**Address:** 3910 DUFFER RD  
**City-St-Zip:** SEBRING, FL 33872**Title:** D (X) Change ( ) Addition  
**Name:** CROUSE, PETE  
**Address:** 2821 OVERLAKE DR  
**City-St-Zip:** ORLANDO, FL 32806**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** CD (X) Change ( ) Addition  
**Name:** MERLE, CROUSE  
**Address:** 806 W. NEW NOLTE RD.  
**City-St-Zip:** ST CLOUD, FL 34769**Title:** D (X) Change ( ) Addition  
**Name:** KETIA, POLICAPE  
**Address:** 13635 NE 12 AVE  
**City-St-Zip:** N. MIAMI, FL 33161

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: MERLE CROUSE

CD

04/19/2004

Electronic Signature of Signing Officer or Director

Date