

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007539

FILED  
Jul 10, 2006  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NEFF, MICHAEL T  
2037 HEMPEL AVENUE  
PO BOX 165  
GOTHA, FL 34734 US

**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: D ( ) 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: CD ( ) 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: MERLE, CROUSE  
Address: 806 W. NEW NOLTE RD.  
City-St-Zip: ST CLOUD, FL 34769

Title: D ( ) Delete  
Name: KETIA, POLICAPE  
Address: 13635 NE 12 AVE  
City-St-Zip: N. MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GARMAN, MATTHEW  
Address: 9767 CARBONDALE DR. E.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VCD (X) Change ( ) Addition  
Name: MERLE, CROUSE  
Address: 806 W. NEW NOLTE RD.  
City-St-Zip: ST CLOUD, FL 34769

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DEAN HOLLENBERG

CD

07/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date