2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# N99000007539

Entity Name: ITHIEL CAMP AND RETREAT CENTER INC.

Current Principal Place of Business:

2079 HEMPEL AVENUE
GOTHA, FL 34734

New Principal Place of Business:

2073 HEMPEL AVENUE
GOTHA, FL 34734

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 US

Name and Address of New Registered Agent:

NEFF, MICHAEL T
2037 HEMPEL AVENUE
GOTHA, FL 34734 US

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: _____ 02/20/2007
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: D ( ) Delete
Name: GARMAN, MATTHEW
Address: 9767 CARBONDALE DR. E.
City-St-Zip: JACKSONVILLE, FL 32208

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: VCD ( ) 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: D (X) Change ( ) Addition
Name: POLSON, JOHN
Address: 268 BAYWEST NEIGHBORS CIR.
City-St-Zip: ORLANDO, FL 32835

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

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

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

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

Title: D (X) Change ( ) Addition
Name: KETIA, POLICAPE
Address: 548 TOWNE SQUARE WAY #714
City-St-Zip: ORLANDO, FL 32818

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: JOHN POLSON D 02/20/2007
Electronic Signature of Signing Officer or Director — Date