

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007539

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: ITHIEL CAMP AND RETREAT CENTER INC.

## Current Principal Place of Business:

2073 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  
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: POLSON, JOHN  
Address: 268 BAYWEST NEIGHBORS CIR.  
City-St-Zip: ORLANDO, FL 32835

Title: CD ( ) Delete  
Name: GARMAN, MATTHEW  
Address: 9767 CARBONDALE DR. E.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete  
Name: ZIEGLER, DAWN  
Address: 3909 DUFFER RD  
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: JESSICA, CADETTE  
Address: 7001 ENVIRON BLVD #107  
City-St-Zip: LAUDERHILL, FL 33319

Title: VCD ( ) Delete  
Name: KETIA, POLICAPE  
Address: 548 TOWNE SQUARE WAY #714  
City-St-Zip: ORLANDO, FL 32818

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SWANK, HARRY  
Address: 5072 OAK CIRCLE  
City-St-Zip: SEBRING, FL 33875

Title: D (X) Change ( ) Addition  
Name: CADETTE, JESSICA  
Address: 7001 ENVIRON BLVD #107  
City-St-Zip: LAUDERHILL, FL 33319

Title: VCD (X) Change ( ) Addition  
Name: RAYMER, JUSTIN  
Address: 901 BROWNS RD  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify 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

04/14/2009

Electronic Signature of Signing Officer or Director

Date