

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007539

FILED
Mar 21, 2011
Secretary of State

Entity Name: ITHIEL CAMP AND RETREAT CENTER INC.

Current Principal Place of Business:

2037 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: CD
Name: POLSON, JOHN
Address: 268 BAYWEST NEIGHBORS CIR.
City-St-Zip: ORLANDO, FL 32835

Title: D
Name: KNEPPER, NANCY
Address: 14232 EL PICO STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: D
Name: ZIEGLER, DAWN
Address: 3909 DUFFER RD
City-St-Zip: SEBRING, FL 33872

Title: D
Name: HOLLENBERG, DEAN
Address: 4275 CREMONA DR
City-St-Zip: SEBRING, FL 33904

Title: SD
Name: CADETTE, JESSICA
Address: 7001 ENVIRON BLVD #107
City-St-Zip: LAUDERHILL, FL 33319

Title: D
Name: DAVIS, KEN
Address: 5746 39TH. STREET CIRCLE W
City-St-Zip: BRADENTON, FL 34203

I hereby 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 all other like empowered.

SIGNATURE: JOHN POLSON

CD

03/21/2011

Electronic Signature of Signing Officer or Director

Date