

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000009731

**Entity Name:** CAMP HUMMINGBIRD INC

**Current Principal Place of Business:**

REGISTERED AGENTS INC  
7901 4TH STREET N STE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

15 N OAK ST  
P.O. BOX 883  
FELLSMERE, FL 32948 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

RAHM, JENNIFER  
15 N OAK ST  
UNIT 883  
FELLSMERE, FL 32948 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:** RONALD FOEHRENBACH

03/02/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BJORKMAN, JESSA  
Address 15 N OAK ST  
UNIT 883  
City-State-Zip: FELLSMERE FL 32948

Title C  
Name BJORKMAN, ROEN  
Address 15 N OAK ST  
UNIT 883  
City-State-Zip: FELLSMERE FL 32948

Title TR  
Name BJORKMAN, CADEN  
Address 15 N OAK ST  
UNIT 883  
City-State-Zip: FELLSMERE FL 32948

Title PRESIDENT  
Name RAHM, JENNIFER MARIE  
Address REGISTERED AGENTS INC  
7901 4TH STREET N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** JENNIFER RAHM

PRESIDENT

03/02/2025

Electronic Signature of Signing Officer/Director Detail

Date