

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
95 APR 20 PM 7:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 708408 (0)  
1. Corporation Name  
SOUTHERN MENNONITE CAMP ASSOCIATION, INC.

Principal Place of Business Mailing Address  
25458 DAN BROWN HILL RD. BROOKSVILLE FL 34602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/02/1965  
3a. Date of Last Report 05/01/1994  
4. FEI Number 59-1288067  
Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
KAUFFMAN, MERRILL  
25458 DAN BROWN HILL RD  
BROOKSVILLE FL 34602

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KAUFFMAN, SUE 1132 BACON AVENUE SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SHEARER, DAVE P.O. BOX 748 SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REDCAY, IVAN 4016 S BRIGGS AVE SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAYER, MIKE 2604 MAPLEOFT LN. SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SHUE, RICHARD 2546 RIVER RIDGE DR SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KAUFFMAN, SCOTT 1845 FOX CREEK DR SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sarasota, FL 34232
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Murdock, FL 33938-0746
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Betsy Christner 8939 misty Creek Dr. Sarasota, FL 34241
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rod Hershberger 3693 Walden Pond Dr. Sarasota, FL 34242 34240
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sarasota, FL 34239
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sarasota, FL 34240

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or official attachment with an address.

SIGNATURE: *K. Scott Kauffman* K. SCOTT KAUFFMAN 4/18/95 815-371-4349  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Filing Year