

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 25458 DAN BROWN HILL RD. BROOKSVILLE FL 34802
Mailing Address: 25458 DAN BROWN HILL RD. BROOKSVILLE FL 34802

3. Date Incorporated or Qualified: 02/02/1965
3a. Date of Last Report: 04/28/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
KAUFFMAN, MERRILL
25458 DAN BROWN HILL RD
BROOKSVILLE FL 34802

10. Name and Address of New Registered Agent
81 Name: Timothy J. Partridge
82 Street Address (P.O. Box Number is Not Acceptable): 25458 Dan Brown Hill Rd.
83
84 City: Brooksville FL 85 Zip Code: 34602

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] EXECUTIVE DIRECTOR 5-3-96
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KAUFFMAN, SUE	
STREET ADDRESS	1132 BACON AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHEARER, DAVE	
STREET ADDRESS	P.O. BOX 746	
CITY-ST-ZIP	MURDOCK FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CHRISTNER, BETSY	
STREET ADDRESS	8939 MISTRY CREEK DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HERSHBERGER, ROD	
STREET ADDRESS	3693 WALDEN POND DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHUE, RICHARD	
STREET ADDRESS	2546 RIVER RIDGE DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KAUFFMAN, SCOTT	
STREET ADDRESS	1645 FOX CREEK DR	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mike mayer	
1.3 STREET ADDRESS	2604 mapleloft Ln.	
1.4 CITY-ST-ZIP	Sarasota, FL 34232	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Keith Troyer	
2.3 STREET ADDRESS	5353 Cork Oak	
2.4 CITY-ST-ZIP	Sarasota, FL 34232	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	8939 Misty Creek Dr.	
3.4 CITY-ST-ZIP		
4.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bob Welsh	
5.3 STREET ADDRESS	612 S.W. 6th Ave.	
5.4 CITY-ST-ZIP	Cape Coral, FL 33991	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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 or 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Robert Welsh 5-3-96 941-722-5769
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)