

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34802-8276
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3. Date Incorporated or Qualified 02/02/1965	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

4. FEI Number 59-1288067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PARTRIDGE, TIMOTHY J.
25458 DAN BROWN HILL ROAD
BROOKSVILLE FL 34802**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	DV
NAME	MAYER, MIKE	1.2 NAME	Fran Overholt
STREET ADDRESS	2804 MAPLE LOFT LANE	1.3 STREET ADDRESS	103 magnolia Ln.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	D	2.1 TITLE	DT
NAME	TROYER, KEITH	2.2 NAME	
STREET ADDRESS	5353 CORK OAK	2.3 STREET ADDRESS	1030 wagon wheel Dr.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	CHRISTNER, BETSY	3.2 NAME	
STREET ADDRESS	8939 MISTY CREEK DRIVE	3.3 STREET ADDRESS	5661 Creekwood Circle
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	D
NAME	HERSHBERGER, ROD	4.2 NAME	
STREET ADDRESS	3693 WALDEN POND DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	DP
NAME	WELSH, BOB	5.2 NAME	
STREET ADDRESS	612 SW 6TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	D
NAME	KAUFFMAN, SCOTT	6.2 NAME	
STREET ADDRESS	1645 FOX CREEK DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: **April 6, 1997** DAYTIME PHONE #: **366-9651**

CR2E037 (9/96)