

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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

|   |   |
|---|---|
| Principal Place of Business<br><b>25458 DAN BROWN HILL RD.<br/>BROOKSVILLE FL 34802</b> | Mailing Address<br><b>25458 DAN BROWN HILL RD.<br/>BROOKSVILLE FL 34802</b> |
|---|---|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>02/02/1965</b>  |  |
| 4. FEI Number<br><b>59-1288067</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                              |  |
|----------------------------|------------------------------|--|
| TITLE                      | <b>DV OVERHOLT, FRAN</b>     | <input type="checkbox"/> DELETE            |
| NAME                       | <b>103 MAGNOLIA LANE</b>     |  |
| STREET ADDRESS             | <b>EUSTIS FL</b>             |  |
| CITY-ST-ZIP                |                              |  |
| TITLE                      | <b>DT TROYER, KEITH</b>      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>1030 WAGON WHEEL DR</b>   |  |
| STREET ADDRESS             | <b>SARASOTA FL</b>           |  |
| CITY-ST-ZIP                |                              |  |
| TITLE                      | <b>DS CHRISTNER, BETSY</b>   | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>5661 CREEKWOOD CIRCLE</b> |  |
| STREET ADDRESS             | <b>SARASOTA FL</b>           |  |
| CITY-ST-ZIP                |                              |  |
| TITLE                      | <b>D HERSHBERGER, ROD</b>    | <input type="checkbox"/> DELETE            |
| NAME                       | <b>3693 WALDEN POND DR.</b>  |  |
| STREET ADDRESS             | <b>SARASOTA FL</b>           |  |
| CITY-ST-ZIP                |                              |  |
| TITLE                      | <b>DP WELSH, BOB</b>         | <input type="checkbox"/> DELETE            |
| NAME                       | <b>612 SW 6TH AVENUE</b>     |  |
| STREET ADDRESS             | <b>CORAL SPRINGS FL</b>      |  |
| CITY-ST-ZIP                |                              |  |
| TITLE                      | <b>D KAUFFMAN, SCOTT</b>     | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>1645 FOX CREEK DR</b>     |  |
| STREET ADDRESS             | <b>SARASOTA FL</b>           |  |
| CITY-ST-ZIP                |                              |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                   |  |
|---|-----------------------------------|--|
| 1.1 TITLE   | <b>D</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |                                   |  |
| 1.3 STREET ADDRESS                                    | <b>108 magnolia Lane</b>          |  |
| 1.4 CITY-ST-ZIP                                       |                                   |  |
| 2.1 TITLE   | <b>DV</b>                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |                                   |  |
| 2.3 STREET ADDRESS                                    |                                   |  |
| 2.4 CITY-ST-ZIP                                       |                                   |  |
| 3.1 TITLE   | <b>DS</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME  | <b>Souder, Tammy</b>              |  |
| 3.3 STREET ADDRESS                                    | <b>1050 Tara Vista Drive</b>      |  |
| 3.4 CITY-ST-ZIP                                       | <b>Sarasota, FL 34232</b>         |  |
| 4.1 TITLE   |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |                                   |  |
| 4.3 STREET ADDRESS                                    |                                   |  |
| 4.4 CITY-ST-ZIP                                       |                                   |  |
| 5.1 TITLE   |                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |                                   |  |
| 5.3 STREET ADDRESS                                    |                                   |  |
| 5.4 CITY-ST-ZIP                                       | <b>Cape Coral, FL 33991</b>       |  |
| 6.1 TITLE   | <b>DT</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME  | <b>Brock, Rick</b>                |  |
| 6.3 STREET ADDRESS                                    | <b>1001 Lovely Lane</b>           |  |
| 6.4 CITY-ST-ZIP                                       | <b>North Fort Myers, FL 33903</b> |  |

14. I 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:** *[Signature]* **3/19/98 941-542-2452**

CR2E037 (10/97)