


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90033 039 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 708408**

1. Corporation Name

**SOUTHERN MENNONITE CAMP ASSOCIATION, INC.**

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

Mailing Address  
 25458 DAN BROWN HILL RD.  
 BROOKSVILLE FL 34602



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/02/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1288067	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		25	
Country		Country		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARTRIDGE, TIMOTHY J. 25458 DAN BROWN HILL ROAD BROOKSVILLE FL 34602				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL 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]* **W. Richard Brock** DATE: **3/22/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERHOLT, FRAN	1.2 NAME	
STREET ADDRESS	108 MAGNOLIA LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROYER, KEITH	2.2 NAME	
STREET ADDRESS	1030 WAGON WHEEL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUDER, TAMMY	3.2 NAME	
STREET ADDRESS	1050 TARA VISTA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERSHBERGER, ROD	4.2 NAME	Nancy Adams
STREET ADDRESS	3693 WALDEN POND DR.	4.3 STREET ADDRESS	711 Albritton Ave.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELSH, BOB	5.2 NAME	
STREET ADDRESS	612 SW 6TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33991	5.4 CITY-ST-ZIP	Cape Coral
TITLE	DT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCK, RICHK	6.2 NAME	Brad Boulton
STREET ADDRESS	1001 LOVELY LN	6.3 STREET ADDRESS	4104 Hidden Acres Cir.
CITY-ST-ZIP	NO FT MYERS FL 33903	6.4 CITY-ST-ZIP	North Fort Meyers, FL 33903

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, with all other like empowered.

SIGNATURE: *[Signature]* **ROBERT WELSH** DATE: **3-19-99** DAYTIME PHONE #: **941-542-2452**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)