


FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90791 005 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 708408
 1. Entity 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**

55043560



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-1288067**
 Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BROCK, W. RICHARD
 25458 DAN BROWN HILL ROAD
 BROOKSVILLE FL 34602**

7. Name and Address of New Registered Agent
 Name
Stephen J. Wilson
 Street Address (P.O. Box Number is Not Acceptable)
25458 Dan Brown Hill Rd.
 City
Brooksville FL Zip Code
34602

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stephen J. Wilson DATE 5-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ZEHR, LOREN	
STREET ADDRESS	1918 SE 40TH TERR. UNIT 204	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZEHR, SHELDON	
STREET ADDRESS	804 TROTTER AVE.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WITTMER, BETH	
STREET ADDRESS	220 DADE AVE.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, NANCY	
STREET ADDRESS	711 ALBRITTON AVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KARR, PAUL	
STREET ADDRESS	15550 BURNT STORE RD., #240	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, GENE	
STREET ADDRESS	5108 LORRAINE RD.	
CITY-ST-ZIP	BRADENTON FL 34202-9200	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DX	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1903 Racimo Dr.	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE 5/24/03 941 575 7645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)