2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#711891

FILED Jul 10, 2007 Secretary of State

Entity Name: THE LAKE SWAN CAMP OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.

Current Principal Place of Business: New Principal Place of Business:

MELROSE, FL 32666 US

Current Mailing Address: New Mailing Address:

647 SR 26

MELROSE, FL 32666 US

FEI Number: 59-1537613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GORGANS, JAMES T MYERS, TOM O 301 MARKAM WOODS ROAD 18721 NW 149 AVE

WILLISTON, FL 32696 US LONGWOOD, FL 32779

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.

SIGNATURE: THOMAS MYERS 07/10/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HUGHES, CHARLES JR. HUGHES, CHARLES JR. Name: Name:

5428 HALIFAX DRIVE Address: 5428 HALIFAX DRIVE Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812

Title: Title: MR (X) Change () Addition () Delete GORGANS, JAMES, Name:

Name: PICKETT, JIM Address: RT 1 BOX 6740 Address: **1828 3 RD STREET** City-St-Zip: WILLISTON, FL City-St-Zip: WINTER HAVEN, FL 33880 44

Title: () Delete Title: (X) Change () Addition

SWENSON, GORDON SWENSON, GORDON Name: Name: 647 SR 26 Address: 647 SR 26

Address: City-St-Zip: MELROSE, FL City-St-Zip: MELROSE, FL 32666

Title: PD () Delete Title: MR (X) Change () Addition Name: O'FARRELL, MARK T Name: EASTMAN, RON E

1200 MISTLETOE COURT Address: 4110 S GOLDENROD RD Address: City-St-Zip: ORLANDO, FL City-St-Zip: MARCO ISLAND, FL 34145

Title: () Delete Title: (X) Change () Addition

GRAF, JAMES BAHR, CHRIS Name: Name:

1485 MILL SLOUGH RD 37428 SKYRIDGE CIRCLE Address: Address: City-St-Zip: KISSIMMEE, FL City-St-Zip: DADE CITY, FL 33525

Title: () Delete Title: () Change (X) Addition

FOLDS, DON Name: Name: Address: Address: 450 MINK DRIVE DELTONA, FL 32738 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON SWENSON MR 07/10/2007

Electronic Signature of Signing Officer or Director

Date