

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 711891

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



Principal Place of Business
**647 SR 26
MELROSE, FL 32666 US**

Mailing Address
**647 SR 26
MELROSE, FL 32666 US**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1537613

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MYERS, TOM O
301 MARKAM WOODS ROAD
LONGWOOD, FL 32779**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MR
NAME	HUGHES, CHARLES JR.
STREET ADDRESS	5428 HALIFAX DRIVE
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE	MR
NAME	PICKETT, JIM
STREET ADDRESS	1828 3 RD STREET
CITY - ST - ZIP	WINTER HAVEN, FL 33880
TITLE	MR
NAME	SWENSON, GORDON
STREET ADDRESS	647 SR 26
CITY - ST - ZIP	MELROSE, FL 32666
TITLE	MR
NAME	EASTMAN, RON E
STREET ADDRESS	1200 MISTLETOE COURT
CITY - ST - ZIP	MARCO ISLAND, FL 34145
TITLE	MR
NAME	BAHR, CHRIS
STREET ADDRESS	37428 SKYRIDGE CIRCLE
CITY - ST - ZIP	DADE CITY, FL 33525
TITLE	MR
NAME	FOLDS, DON
STREET ADDRESS	450 MINK DRIVE
CITY - ST - ZIP	DELTONA, FL 32738

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01/17/08-80044-012 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15, 2008 (352) 475-2828
Date Daytime Phone #