## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#711891** 

FILED Apr 14, 2009 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:

647 SR 26

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:

MYERS, TOM O

301 MARKAM WOODS ROAD
LONGWOOD, FL 32779 US

CAMPBELL, III, HARRIS W
7212 CURRY FORD ROAD
ORLANDO, FL 82822 US

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: HARRIS W. CAMPBELL, III 04/14/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 HUGHES, CHARLES JR.
 Name:
 HUGHES, JR., CHARLES R

 Address:
 5428 HALIFAX DRIVE
 Address:
 7212 CURRY FORD ROAD

 City-St-Zip:
 ORLANDO, FL 32812
 ORLANDO, FL 32822 US

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

 Name:
 PICKETT, JIM
 Name:
 PICKETT, JIM

 Address:
 1828 3 RD STREET
 Address:
 1828 3 RD STREET

City-St-Zip: WINTER HAVEN, FL 33880 44 City-St-Zip: WINTER HAVEN, FL 33880 US

Title: MR ( ) Delete Title: DC (X) Change ( ) Addition Name: SWENSON, GORDON Name: MYERS, THOMAS O

 Address:
 647 SR 26
 Address:
 301 MARKHAM WOODS ROAD

 City-St-Zip:
 MELROSE, FL 32666
 City-St-Zip:
 LONGWOOD, FL 32779 US

Title: MR ( ) Delete Title: D (X) Change ( ) Addition
Name: EASTMAN, RON E Name: EASTMAN, RONALD E

Name: EASTMAN, RON E Name: EASTMAN, RONALD E
Address: 1200 MISTLETOE COURT Address: 1200 MISTLETOE COURT
City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145 US

 $\text{Title:} \qquad \text{MR} \qquad (\ ) \ \text{Delete} \qquad \qquad \text{Title:} \qquad \text{D} \qquad (\text{X}) \ \text{Change} \ (\ ) \ \text{Addition}$ 

Name: BAHR, CHRIS Name: BAHR, CHRIS

 Address:
 37428 SKYRIDGE CIRCLE
 Address:
 37428 SKYRIDGE CIRCLE

 City-St-Zip:
 DADE CITY, FL 33525
 City-St-Zip:
 DADE CITY, FL 33525 US

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

 Name:
 FOLDS, DON
 Name:
 FOLDS, DONALD

 Address:
 450 MINK DRIVE
 Address:
 450 MINK DRIVE

 City-St-Zip:
 DELTONA, FL 32738
 City-St-Zip:
 DELTONA, FL 32738 US

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: HARRIS W. CAMPBELL, III RA 04/14/2009