

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10344 (5)

1. Corporation Name

FLORIDA HOLINESS CAMP GROUNDS

Principal Place of Business

Mailing Address

3335 S. FLORIDA AVE.
LAKELAND FL 33803

3335 S. FLORIDA AVE.
LAKELAND FL 33803-4553



3. Date Incorporated or Qualified
06/29/1992

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3008783

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, STEPHEN C.
3335 S. FLORIDA AVE.
LAKELAND FL 33803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME NEWBY, T. E.
STREET ADDRESS 3335 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL

1.1 TITLE President
1.2 NAME Lorne V. MacMillan
1.3 STREET ADDRESS 753 South 360 West
1.4 CITY-ST-ZIP Angola, Indiana 46703

TITLE W
NAME LOMAN, HAROLD
STREET ADDRESS 3335 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME SWEET, WILLIAM
STREET ADDRESS 411 APLEGROVE DR.
CITY-ST-ZIP NICHOLASVILLE KY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME SKEEN, CLEDITH
STREET ADDRESS 534 OVERDALE N.W.
CITY-ST-ZIP CANTON OH

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME DAVIS, RICHARD
STREET ADDRESS 4747 SR 33, LOT 348
CITY-ST-ZIP LAKELAND FL 33805

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T
NAME HIMES, MILTON
STREET ADDRESS 3335 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL 33803

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Lorne V. MacMillan

2/17/97

Date

Daytime Phone # 0052653

CP2E037 (9/96)