


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 3335 S. FLORIDA AVE. LAKELAND FL 33803			Mailing Address 3335 S. FLORIDA AVE. LAKELAND FL 33803		
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 06/29/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0008783 6155016 wds	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent WATSON, STEPHEN C. 3335 S. FLORIDA AVE. LAKELAND FL 33803				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME LORNE V. MACMILLAN					
STREET ADDRESS 753 SOUTH 360 WEST					
CITY-ST-ZIP ANGOLA IN					
1.2 TITLE <input type="checkbox"/> DELETE					
NAME LOMAN, HAROLD					
STREET ADDRESS 3335 S. FLORIDA AVE.					
CITY-ST-ZIP LAKELAND FL					
1.3 TITLE <input checked="" type="checkbox"/> DELETE					
NAME SWEET, WILLIAM					
STREET ADDRESS 411 APPLGROVE DR.					
CITY-ST-ZIP NICHOLASVILLE KY					
1.4 TITLE <input type="checkbox"/> DELETE					
NAME SKEEN, CLEDITH					
STREET ADDRESS 534 OVERDALE N.W.					
CITY-ST-ZIP CANTON OH					
1.5 TITLE <input checked="" type="checkbox"/> DELETE					
NAME DAVIS, RICHARD					
STREET ADDRESS 4747 SR 33, LOT 348					
CITY-ST-ZIP LAKELAND FL 33805					
1.6 TITLE <input type="checkbox"/> DELETE					
NAME HIMES, MILTON					
STREET ADDRESS 3335 S. FLORIDA AVE.					
CITY-ST-ZIP LAKELAND FL 33803					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE P - T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE V - T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE TR - T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME BEELER, WILLIAM					
3.3 STREET ADDRESS 570 WESTERN AVE					
3.4 CITY-ST-ZIP CANONSBURG, PA 15317					
4.1 TITLE S - T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 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: William L. Beeler WILLIAM L. BEELER 1/7/98 (941)646-2254

CR2E037 (10/97)