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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # C10344

1. Corporation Name

FLORIDA HOLINESS CAMP GROUNDS

Principal Place of Business

3335 S. FLORIDA AVE.  
LAKE LAND FL 33803

Mailing Address

3335 S. FLORIDA AVE.  
LAKE LAND FL 33803



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/29/1992

4. FEI Number

59-6155016

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

9. Name and Address of Current Registered Agent

WATSON, STEPHEN C.  
3335 S. FLORIDA AVE.  
LAKE LAND FL 33803

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT. ☐ DELETE  
NAME LORNE V. MACMILLAN  
STREET ADDRESS 753 SOUTH 360 WEST  
CITY-ST-ZIP ANGOLA IN

TITLE VT ☐ DELETE  
NAME LOMAN, HAROLD  
STREET ADDRESS 3335 S. FLORIDA AVE.  
CITY-ST-ZIP LAKE LAND FL

TITLE TRT ☐ DELETE  
NAME BEELER, WILLIAM  
STREET ADDRESS 570 WESTERN AVE  
CITY-ST-ZIP CANONSURG PA 15317

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

TITLE TR ☒ DELETE  
NAME HIMES, MILTON  
STREET ADDRESS 3335 S. FLORIDA AVE.  
CITY-ST-ZIP LAKE LAND FL 33803

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: WILLIAM BEELER SIGNATURE REQUIRED

1-5-99

(940) 646-5152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)