2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# F06000007117

Entity Name: ASSOCIATION OF CAMPS FARTHEST OUT, INC.

Current Principal Place of Business:

317 SOUTH MADISON AVENUE
WATKINS GLEN, NY 148911120

New Principal Place of Business:

Current Mailing Address:

317 SOUTH MADISON AVENUE
WATKINS GLEN, NY 148911120

New Mailing Address:

FEI Number: 41-0788319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHN, ALAN B ESQ.
100 W CYPRESS CREEK ROAD, SUITE 700
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: SHEPARD III, WILLIAM H
Address: 3220 SW 31ST ROAD, SUITE 302
City-St-Zip: OCALA, FL 33474

Title: DP ( ) Delete
Name: MONTALBANO, JOHN N
Address: 11 ROCAMORA RD
City-St-Zip: ROCKY HILL, CT 06067

Title: VP ( ) Delete
Name: MEYER, RON
Address: PO BOX 550194
City-St-Zip: BIRMINGHAM, AL 35255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: MEADOWS, DANIEL
Address: 128 DONNER AVE NW
City-St-Zip: NORTH CANTON, OH 44720

Title: DP (X) Change ( ) Addition
Name: STYER, JOHN A
Address: P O BOX 250
City-St-Zip: NORTHEAST, MD 21901

Title: VP (X) Change ( ) Addition
Name: BUELL, SEAN
Address: 1401 S HARBOR BLVD #13-K
City-St-Zip: LA HABRA, CA 90631

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: DEBBIE R. THOMAS EXED 02/21/2008

Electronic Signature of Signing Officer or Director — Date