2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

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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: MEADOWS, DANIEL
Address: 128 DONNER AVE NW
City-St-Zip: NORTH CANTON, OH 44720

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: MRS ( ) Change (X) Addition
Name: THOMAS, DEBBIE R EXECDIR
Address: 317 SOUTH MADISON AVE
City-St-Zip: WATKINS GLEN, NY 148911120 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: DEBBIE R. THOMAS MRS 04/20/2009

Electronic Signature of Signing Officer or Director — Date