

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90010 012 ****61.25

DOCUMENT # N01000006030

1. Entity Name

FLORIDA HOLINESS CAMP GROUNDS, INC.



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6155016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

ALLEN, ERIC K
170 N FLORIDA AVE
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME GORVEATTE, KENNETH DR
STREET ADDRESS 3335 S FLORIDA AVE
CITY-ST-ZIP LAKELAND FL 33803

TITLE VT ☒ Delete
NAME REYNOLDS, DALE REV
STREET ADDRESS 6610 SHERRY ST
CITY-ST-ZIP ROANOKE VA 24019

TITLE TT ☐ Delete
NAME BEELER, WILLIAM
STREET ADDRESS 570 WESTERN AVE
CITY-ST-ZIP CANONSBURG PA 15317

TITLE ST ☐ Delete
NAME SKEEN, CLEDITH
STREET ADDRESS 534 OVERDALE NW
CITY-ST-ZIP CANTON OH 44646

TITLE T ☒ Delete
NAME JEWETT, HUGH
STREET ADDRESS 135 CARLTON STREET
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT Allison Glen Rev ☐ Change ☒ Addition
NAME
STREET ADDRESS 29 Knob Hill Dr.
CITY-ST-ZIP Potaskela, OH 43062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME Daniel Jerry
STREET ADDRESS 5 Hillside Terrace
CITY-ST-ZIP Danielson, CT 06239

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William L. Beeler William L. Beeler 5-31-08 (724) 873-1423