

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N01000006030

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA HOLINESS CAMP GROUNDS, INC.

**Current Principal Place of Business:**

3335 S FLORIDA AVE  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

3335 S FLORIDA AVE  
LAKELAND, FL 33803

**New Mailing Address:**

**FEI Number:** 59-6155016      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALLEN, ERIC K  
170 N FLORIDA AVE  
BARTOW, FL 33830      US

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:** ERIC ALLEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** ALLISON, GLEN REV  
**Address:** 29 KNOB HILL DR  
**City-St-Zip:** PATASKALA, OH 43062

**Title:** TT  
**Name:** BEELER, WILLIAM  
**Address:** 570 WESTERN AVE  
**City-St-Zip:** CANONSBURG, PA 15317

**Title:** ST  
**Name:** SKEEN, CLEDITH  
**Address:** 534 OVERDALE NW  
**City-St-Zip:** CANTON, OH 44646

**Title:** VT  
**Name:** KENNETH, SWAN DR  
**Address:** 5360 E100S  
**City-St-Zip:** MARION, IN 46953

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM L BEELER

TREA

01/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date