2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 05, 2009
Secretary of State

DOCUMENT# N17049

Entity Name: SOUTHERN CASSADAGA SPIRITUALIST CAMP MEETING ASSOCIATION

Current Principal Place of Business:

1112 STEVENS ST
P.O.B OX 319
CASSADAGA, FL 32706

New Principal Place of Business:

Current Mailing Address:

1112 STEVENS ST
P.O.B OX 319
CASSADAGA, FL 32706

New Mailing Address:

FEI Number: 59-2213042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZAR, DANIEL D
2153 LEE ROAD
WINTER PARK, FL 32724 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: PT ( ) Delete
Name: REILLEY, JOHN J
Address: 1325 STEVENS ST
City-St-Zip: CASSADAGA, FL 327060319

Title: VPT ( ) Delete
Name: EVANS, ANITA
Address: 1325 STEVENS ST
City-St-Zip: CASSADAGA, FL 327060319

Title: ST ( ) Delete
Name: EDWARDS, NELLIE-MARIE
Address: 1325 STEVENS ST
City-St-Zip: CASSADAGA, FL 327060319

Title: T ( ) Delete
Name: GROSECLOSE, DENNIS
Address: 1325 STEVENS ST
City-St-Zip: CASSADAGA, FL 327060319

Title: T ( ) Delete
Name: DEEP, WILLIAM
Address: 1325 STEVENS ST.
City-St-Zip: CASSADAGA, FL 327060319

Title: T ( ) Delete
Name: BILLIG, RICHARD
Address: 1325 STEVENS ST
City-St-Zip: CASSADAGA, FL 327060319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: DEEP, WILLIAM
Address: 1325 STEVENS ST
City-St-Zip: CASSADAGA, FL 327060319

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: BERKNER, SARA
Address: 1325 STEVENS ST
City-St-Zip: CASSADAGA, FL 327060319

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: FORDHAM, PATRICIA
Address: 1325 STEVENS ST.
City-St-Zip: CASSADAGA, FL 327060319

Title: T (X) Change ( ) Addition
Name: OWENS, JANIE
Address: 1325 STEVENS ST
City-St-Zip: CASSADAGA, FL 327060319

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: WILLIAM DEEP PT 08/05/2009

Electronic Signature of Signing Officer or Director — Date