

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 12, 2009**  
**Secretary of State**

DOCUMENT# N17049

**Entity Name:** SOUTHERN CASSADAGA SPIRITUALIST CAMP MEETING ASSOCIATION**Current Principal Place of Business:**1325 STEVENS ST  
CASSADAGA, FL 32706 US**New Principal Place of Business:****Current Mailing Address:**1325 STEVENS ST  
P.O. BOX 319  
CASSADAGA, FL 32706 US**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:**PAUL, HARLAN L  
142 E. NEW YORK AVE.  
DELAND, 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:** DEEP, WILLIAM M PRES  
**Address:** 1325 STEVENS ST  
**City-St-Zip:** CASSADAGA, FL 327060319**Title:** VPT ( ) Delete  
**Name:** EVANS, ANITA M VICE PR  
**Address:** 1325 STEVENS ST  
**City-St-Zip:** CASSADAGA, FL 32706**Title:** ST ( ) Delete  
**Name:** BERKNER, SARA L SEC  
**Address:** 1325 STEVENS ST  
**City-St-Zip:** CASSADAGA, FL 32706**Title:** T ( ) Delete  
**Name:** GROSECLOSE, DENNIS C TRUS  
**Address:** 1325 STEVENS ST  
**City-St-Zip:** CASSADAGA, FL 32706**Title:** T ( ) Delete  
**Name:** FORDHAM, PATRICIA K TREAS  
**Address:** 1325 STEVENS ST  
**City-St-Zip:** CASSADAGA, FL 32706**Title:** T ( ) Delete  
**Name:** EDWARD, N M TRUS  
**Address:** P.O. BOX 319  
**City-St-Zip:** CASSADAGA, FL 32706**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PT (X) Change ( ) Addition  
**Name:** DEEP, WILLIAM A PRES  
**Address:** 1325 STEVENS ST  
**City-St-Zip:** CASSADAGA, FL 327060319**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T (X) Change ( ) Addition  
**Name:** SOURANT, NICK TRUS  
**Address:** P.O. BOX 319  
**City-St-Zip:** CASSADAGA, FL 32706

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 A DEEP

PRES

09/12/2009

Electronic Signature of Signing Officer or Director

Date