

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17049

FILED
Jan 11, 2010
Secretary of State

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:

1325 STEVENS ST.
P.O. BOX 319
CASSADAGA, FL 32706 US

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
Name: DEEP, WILLIAM A PRES
Address: 1325 STEVENS ST
City-St-Zip: CASSADAGA, FL 32706 US

Title: VPT
Name: EVANS, ANITA M VICE PR
Address: 1325 STEVENS ST
City-St-Zip: CASSADAGA, FL 32706 US

Title: ST
Name: BERKNER, SARA L SEC
Address: 1325 STEVENS ST
City-St-Zip: CASSADAGA, FL 32706 US

Title: T
Name: GROSECLOSE, DENNIS C TRUS
Address: 1325 STEVENS ST
City-St-Zip: CASSADAGA, FL 32706 US

Title: T
Name: FORDHAM, PATRICIA K TREAS
Address: 1325 STEVENS ST.
City-St-Zip: CASSADAGA, FL 32706 US

Title: T
Name: GRAY, MARY ROSE TRUS
Address: P.O. BOX 319
City-St-Zip: CASSADAGA, FL 32706 US

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: PATRICIA K FORDHAM

TREA

01/11/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date