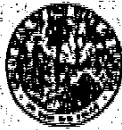


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:20

DOCUMENT # N19020 (9)

1. Corporation Name

PINHOOK VALLEY CHRISTIAN CAMP, INC.

Principal Place of Business

Mailing Address

3018 PINDO PALM PL
P O BOX 764
PALMETTO FL 34220

3018 PINDO PALM PL
P O BOX 764
PALMETTO FL 34220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1987

3a. Date of Last Report

07/26/1994

4. FEI Number

59-2658934

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

☐

\$68.75 Supplemental Fee Not Required

7. Nonprofit with IRS 501(c)(3)

☒

Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.030

☐

Florida Statutes

☐ Yes ☐ No

☐

☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANDIS, TED
3018 PINDO PALM PL
ELLENTON FL 34222

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

LANDIS, TED

STREET ADDRESS

3018 PINDO PALM PL

CITY- ST- ZIP

ELLENTON FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

D

NAME

WOODSON, MARK

STREET ADDRESS

8020 BAYSHORE RD

CITY- ST- ZIP

PALMETTO FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

GLASGOW, GARY

STREET ADDRESS

106 CHAUNCEY AVE.,

CITY- ST- ZIP

BRADENTON FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

TSD

NAME

WOODSON, DONNA

STREET ADDRESS

8020 BAYSHORE RD.

CITY- ST- ZIP

PALMETTO FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

O

NAME

TRESSLER, JANICE

STREET ADDRESS

508 59TH STREET

CITY- ST- ZIP

HOLMES BEACH FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes; I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ted Landis*

TED LANDIS, PRES.

12/23/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime (Area #)