# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2006**
**Secretary of State**

DOCUMENT# N22946

**Entity Name:** PRESBYTERIAN CAMP AND CONFERENCE MINISTRIES OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

1920 STREETMAN DRIVE
LITHIA, FL 33547 US

**New Principal Place of Business:**

**Current Mailing Address:**

1920 STREETMAN DR.
LITHIA, FL 33547 US

**New Mailing Address:**

**FEI Number: 59-2861786** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DEBRA J.K. BRONKEMA & JOHN H. BRONKEMA
1916 STREETMAN DRIVE
LITHIA, FL 33547 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: | D | ( ) Delete |
| Name: | BRONKEMA, DEBRA J. K. | |
| Address: | 1916 STREETMAN DRIVE | |
| City-St-Zip: | LITHIA, FL 33547 | |
| Title: | D | ( ) Delete |
| Name: | BRONKEMA, JOHN H | |
| Address: | 1916 STREETMAN DRIVE | |
| City-St-Zip: | LITHIA, FL 33547 | |
| Title: | VP | ( ) Delete |
| Name: | CHILDS, CARRIE | |
| Address: | 10907 VICTORIA ARBOR WAY | |
| City-St-Zip: | TEMPLE TERRACE, FL 33617 | |
| Title: | P | ( ) Delete |
| Name: | ALTAMORE, RODNEY | |
| Address: | 2519 JAMAICA STREET | |
| City-St-Zip: | SARASOTA, FL 34231 | |
| Title: | T | ( ) Delete |
| Name: | BULNES, JOSETTE | |
| Address: | 3006 PEACOCK LANE | |
| City-St-Zip: | TAMPA, FL 33618 | |
| Title: | S | ( ) Delete |
| Name: | BOURQUE, PATTI | |
| Address: | 6946 ROSLYN COURT | |
| City-St-Zip: | NORTH PORT, FL 34287 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | P | (X) Change ( ) Addition |
| Name: | CHILDS, CARRIE | |
| Address: | 10907 VICTORIA ARBOR WAY | |
| City-St-Zip: | TEMPLE TERRACE, FL 33617 | |
| Title: | VP | (X) Change ( ) Addition |
| Name: | HEFFINGTON, HELEN | |
| Address: | 539 PECK AVENUE | |
| City-St-Zip: | FT MYERS, FL 33919 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA J K BRONKEMA D 04/28/2006

Electronic Signature of Signing Officer or Director — Date