

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90223 033 ****61.25

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DOCUMENT # N33352

1. Corporation Name

REGULAR BAPTIST CAMP OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5055 CAMP SPARTA RD
SEBRING FL 33872-2568

5055 CAMP SPARTA RD
SEBRING FL 33872-2568



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/20/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2952626

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAFT, KEN
5057 CAMP SPARTA RD
SEBRING FL 33872

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE TD
NAME WEST, DALE
STREET ADDRESS 414 SUMMIT CHASE DR
CITY-ST-ZIP VALRICO FL

1.1 TITLE SD
1.2 NAME Douglas Gregory
1.3 STREET ADDRESS 1982 SW Juliet Ave.
1.4 CITY-ST-ZIP Fort St. Luce FL 34953

TITLE PD
NAME SMITH, MARK
STREET ADDRESS 2601 PARTIN SETTLEMENT
CITY-ST-ZIP KISSIMMEE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME KRAFT, KEN
STREET ADDRESS 5057 CAMP SPARTA RD
CITY-ST-ZIP SEBRING FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME LETHBRIDGE, RUSSELL
STREET ADDRESS 379 S COMMERCE
CITY-ST-ZIP SEBRING FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Kenneth L. Kraft 1/15/99 941/382-8696

CR2E037 (11/98)