

DOCUMENT # N33352

1. Entity Name

REGULAR BAPTIST CAMP OF FLORIDA, INC.**FILED**
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90024 044 ****61.25

Principal Place of Business

Mailing Address

5055 CAMP SPARTA RD
SEBRING FL 33872-25685055 CAMP SPARTA RD
SEBRING FL 33872-7707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2952626

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KRAFT, KEN
5057 CAMP SPARTA RD
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Kenneth Z. Kraft

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **WEST, DALE**
STREET ADDRESS **414 SUMMIT CHASE DR**
CITY-ST-ZIP **VALRICO FL**TITLE **PD** ☐ Delete
NAME **SMITH, MARK**
STREET ADDRESS **2601 PARTIN SETTLEMENT**
CITY-ST-ZIP **KISSIMMEE FL**TITLE **D** ☐ Delete
NAME **KRAFT, KEN**
STREET ADDRESS **5057 CAMP SPARTA RD**
CITY-ST-ZIP **SEBRING FL**TITLE **SD** ☒ Delete
NAME **DOUGLAS, GREGORY**
STREET ADDRESS **1982 SW JULIET AVE**
CITY-ST-ZIP **PORT LUCE FL 34953**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Dean Walter**
STREET ADDRESS **38634 Hwy. 54 East**
CITY-ST-ZIP **Zephyrhills FL**TITLE **President** ☒ Change ☐ Addition
NAME **Nathan Osborne**
STREET ADDRESS **4333 Shadow Wood Way**
CITY-ST-ZIP **Winter Haven, FL 33880**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth Z. Kraft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000

Date

863/382-8696

Daytime Phone #

CR2E037 (9/99)