

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33352

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** REGULAR BAPTIST CAMP OF FLORIDA, INC.

**Current Principal Place of Business:**

5055 CAMP SPARTA RD  
SEBRING, FL 33875

**New Principal Place of Business:**

**Current Mailing Address:**

5055 CAMP SPARTA RD  
SEBRING, FL 33875

**New Mailing Address:**

**FEI Number:** 59-2952626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SNYDER, AARON  
5057 CAMP SPARTA RD  
SEBRING, FL 33875 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: TD ( ) Delete  
Name: SORBER, PAUL  
Address: 4906 MELALEUCA LN  
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete  
Name: GALVIN, JIM  
Address: 5878 DANIELS PARKWAY  
City-St-Zip: FORT MYERS, FL 33912

Title: M ( ) Delete  
Name: SNYDER, AARON  
Address: 5057 CAMP SPARTA RD  
City-St-Zip: SEBRING, FL 33875

Title: SD ( ) Delete  
Name: COMINGS, DANIEL  
Address: 4625 CLEVELAND HEIGHTS BLVD.  
City-St-Zip: LAKE LAND, FL 33813

Title: PD ( ) Delete  
Name: PAUSLEY, CHUCK  
Address: 379 S.COMMERCE ST  
City-St-Zip: SEBRING, FL 33870

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

Title: TD (X) Change ( ) Addition  
Name: ROTH, LEE  
Address: 3625 BRIDGEFIELD DR  
City-St-Zip: LAKE LAND, FL 33803

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: AARON SNYDER

M

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date