

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 07, 2009
Secretary of State

DOCUMENT# N33352

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: ROTH, LEE
Address: 3625 BRIDGEFIELD DR
City-St-Zip: LAKELAND, FL 33803

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: LAKELAND, 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: GALVIN, JIM
Address: 5878 DANIELS PARKWAY
City-St-Zip: FORT MYERS, FL 33912

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

Title: PD (X) Change () Addition
Name: JAMES, BERRY
Address: 2562 PARTRIDGE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD (X) Change () Addition
Name: KURZ, BEN
Address: 2662 LAKE DENTON RD
City-St-Zip: AVON PARK, FL 33825

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

09/07/2009

Electronic Signature of Signing Officer or Director

Date