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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42677

1. Corporation Name

A.R.A. CHURCH, INC.

Principal Place of Business

ELITE RESORTS OF AMERICA  
CAMPGROUND  
SALT SPRINGS FL  
US

Mailing Address

%C.L. BURLEY  
P.O. BOX 268  
PALATKA FL 32178-0268



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

9. Name and Address of Current Registered Agent

NANCY GUESS  
3635 NORWOOD STREET  
HERMITS COVE  
PALATKA FL 32177

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/22/1991

4. FEI Number

59-3057205

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

10. Name and Address of New Registered Agent

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 this is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-21-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUESS, NANCY	
STREET ADDRESS	3635 NORWOOD STREET	
CITY-ST-ZIP	PALATKA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARMICHAEL, HOWARD JR.	
STREET ADDRESS	RT. 3 BOX 5811	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BURLEY, CARRIE	
STREET ADDRESS	RT 3 4023 LUNDY RD	
CITY-ST-ZIP	PALATKA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William D. ROYOTREE	
1.3 STREET ADDRESS	113 Sassoppe	
1.4 CITY-ST-ZIP	40 BOX 275 - 32148 INTERLACHEN FL 32148	

2.1 TITLE	PASTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOWARD CARMICHAEL, JR.	
2.3 STREET ADDRESS	RT. 3, BOX 5811	
2.4 CITY-ST-ZIP	PALATKA FL 32177	

3.1 TITLE	SECRETARY TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARRIE L. BURLEY	
3.3 STREET ADDRESS	P.O. Box 268	
3.4 CITY-ST-ZIP	4023 LUNDY RD PALATKA FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

CARRIE L. BURLEY Sec. Treas. 1/10/99 1-904-3250827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0003759