SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000002233 (5)

CAMP MT. PLEASANT, INC.

Principal Place of Business

Principal Place of Business

2a Mailing Address

% ron Hunter JR. 3637 old Bainbridge Rd. Tallahassee FL \$2303 % RON HUNTER JR. 3637 OLD BAINBRIDGE RD. TALLAHASSEE FL 32303

Mailing Address

4. FEI Number

3. Date Incorporated or Qualified

05/13/1993

59-3044608

Kevin Plannasin TO 7-2798 (850) 3276460
OFFICER OR DIRECTOR
Date

Date

Date

Date

Dayline Phone #

**FILED** 

Jul 30 1998 8:00am \*

Secretary of State

Applied For

Not Applicable

Cana	Mt Pleasant Fre	26 Kevin Fl	annasin	Certificate of Status Desired	Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
12   1 8 SY	Pleasant Hill Kd	27 5400 HW	799 N	Trust Fund Contribution	Added to Fees	
City & Stat		City & State Centur	1-1	7. Is this nonprofit corporation a homeowr		
	ritay Fl	28	<u> </u>	Yes	No No	
zip 32-4	Country	<sup>2iρ</sup> 29 3 a 5 3 5 3 30	Country	B. This corporation owes or has paid the o		
14 324					Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
LATE MANAGE OF SALE SER			82 Street Address (P.O. Box Number is Not Acceptable)			
HUNTER RON JR.			82 Street Address (P.O. Box Number is Not Acceptable)			
3637 OLD BAINBRIDGE RD.			5400 HWY 99 N			
TALLAHASSEE FL 32303			83			
			84 City	C	. 85 Zip Code	
				Century F	L 85 Zip Code 3 5	
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 familier 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 lignature required when religitating)  DATE						
SIGNATURE.	Signature, typed or printed name of registered agent an		Bacillared Accept Bloods	re required when relnstating)  DATE	70	
12.	OFFICERS AND	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS		
	PD	<u> </u>	1.1 TITLE	PO	<del></del> _	
	WILLIFORD DAVID	Γ <b>∤</b> )∕ΦεΓΕΤΕ	1.2 NAME	David Womack	Change    Addition i	
	705 WEST FORREST AVE.		1.3 STREET ADDRESS	Rea Box 864		
	CHIPLEY FL 32428			Blounts town F1 32424		
CITY-ST-ZIP	VD	17 25: 575	1.4 CITY-ST-ZIP	VO 33924		
-	AUSTIN ALLAN	DELETE	2.2 NAME	Oavid willifurd,	Change Addition	
	2396 MARTIN RD.	. 1		1387 South Blud		
	MARIANNA FL 32446		2.3 STREET ADDRESS	138 1 3000 321120		
CITY-ST-ZIP	TD	\ <del>7</del> 1 >= ===	2.4 CITY-ST-ZIP 3.1 TITLE	Chipley Fl. 32428 TO Kevin Flannasin 5400 HWY 99N	_ <del>  • • • • • • • • • • • • • • • • • • •</del>	
	HUNTER RON JR.	DELETE	3.2 NAME	d : thomas in	Change Addition	
	3637 OLD BAINBRIDGE RD.	·	3.3 STREET ADDRESS	Keuin Flancis		
	TALLAHASSEE FL 32303			3400 40141		
CITY-ST-ZIP TITLE	TALLAHASSEE FL 32303	——————————————————————————————————————	3.4 City-St-ZIP 4.1 Title	Century Pl 32535		
		DELETE	4.2 NAME		Change Addition	
NAME						
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>	·····	4.4 CITY-ST-ZIP		<del></del>	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			6.3 STREET ADORESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	actifus that the information as malind with the	le filing door not qualify for the	8.4 CITY-ST-ZIP	pagion 110 07/2VI) Florida Statidan I fudha and	h, that the information	
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 certify 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.						