

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002500 (6)

1. Corporation Name

THE CAMPERS' CHURCH, INC.



Principal Place of Business

**1411 SOUTH U.S. HIGHWAY 27
CLERMONT FL 34711**

Mailing Address

**1411 SOUTH U.S. HIGHWAY 27
CLERMONT FL 34711**

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3129950

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUMMERS, GARY L.
380 W. ALFRED STREET
TAVARES FL 32778**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SKAGGS, DELMAINE	
STREET ADDRESS	ROUTE 4 - 1202 SHERWOOD DR.	
CITY-ST-ZIP	GRAYSON KY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCRAY, VERNA M	
STREET ADDRESS	4333 N. RIVER ROAD	
CITY-ST-ZIP	JANESVILLE WI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KIEHNE, OTTO	
STREET ADDRESS	414 13TH AVENUE	
CITY-ST-ZIP	NEKOOS WI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'BANION, GORDON	
STREET ADDRESS	100 CARDINAL BAY	
CITY-ST-ZIP	FOUNTAIN RUN KY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONN, WILLIAM C	
STREET ADDRESS	2768 WOODRIDGE DRIVE	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT R	
STREET ADDRESS	11800 ARROWHEAD C.R.E.	
CITY-ST-ZIP	LUSBY MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAROLD MCCRAY	
1.3 STREET ADDRESS	4333 N. RIVER RD	
1.4 CITY-ST-ZIP	JANESVILLE WI 53545	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUTH RITTER	
3.3 STREET ADDRESS	612 MONTEZUMA	
3.4 CITY-ST-ZIP	BENTON HARBOR MI 49022	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NORVAL BERGESON	
4.3 STREET ADDRESS	1415 PINE ST BOX 176	
4.4 CITY-ST-ZIP	DAWSON MN 56232	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ELNORE BERGESON	
5.3 STREET ADDRESS	1415 PINE ST BOX 176	
5.4 CITY-ST-ZIP	DAWSON MN 56232	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOHN KINNAMAN	
6.3 STREET ADDRESS	701 E TERRACE AVE	
6.4 CITY-ST-ZIP	INDIANAPOLIS, IND 46203	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Harold F. McCray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9, 1996 *608-7529479*
Date Daytime Phone #

CR2E037 (12/95)