

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34711-8910



3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3129950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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 SAME

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCCRAY, HAROLD	
STREET ADDRESS	4333 N RIVER ROAD	
CITY-ST-ZIP	JANESVILLE WI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RITTER, RUTH	
STREET ADDRESS	612 MONTEZUMA	
CITY-ST-ZIP	BENTON HARBOR MI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KIEHNE, OTTO	
STREET ADDRESS	414 13TH AVENUE	
CITY-ST-ZIP	NEKOOS WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORVA BERGESON, NORVAL	
STREET ADDRESS	1415 PINE STREET BPX 176	
CITY-ST-ZIP	DAWSON MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGESON, ELNORE	
STREET ADDRESS	1415 PINE STREET BOX 176	
CITY-ST-ZIP	DAWSON MN	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V KEN ROY
2.3 STREET ADDRESS	880 KEMSLEY DR
2.4 CITY-ST-ZIP	SASNA, ONT. CANADA 4702M5
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SEC VERA MCCRAY
3.3 STREET ADDRESS	4333 N. RIVER RD
3.4 CITY-ST-ZIP	JANESVILLE, WI 53545
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 do 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.

SIGNATURE:

Robert R Smith

ROBERT R SMITH, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0089618

CR2E037 (9/96)