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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002500 (6)

1. Corporation Name

THE CAMPERS' CHURCH, INC.

Principal Place of Business

Mailing Address

1411 SOUTH U.S. HIGHWAY 27  
CLERMONT FL 34711

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CLERMONT FL 34711



3. Date Incorporated or Qualified

05/16/1994

4. FEI Number

59-3129950

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P  
NAME MCCRAY, HAROLD  
STREET ADDRESS 4333 N RIVER ROAD  
CITY-ST-ZIP JANEVILLE WI

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

SAME

TITLE ☐ DELETE

V  
NAME KEN ROY  
STREET ADDRESS 880 KEMSLEY DR  
CITY-ST-ZIP SASMIA ON

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

SAME

TITLE ☐ DELETE

S  
NAME VERA MCCRAY  
STREET ADDRESS 4333 N RIVER RD  
CITY-ST-ZIP JANEVILLE WI

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

SAME

TITLE ☐ DELETE

D  
NAME BERGESON, NORVAL  
STREET ADDRESS 1415 PINE STREET BPX 178  
CITY-ST-ZIP DAWSON MN

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

SAME

TITLE ☐ DELETE

D  
NAME BERGESON, ELNORE  
STREET ADDRESS 1415 PINE STREET BOX 178  
CITY-ST-ZIP DAWSON MN

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

SAME

TITLE ☐ DELETE

T  
NAME SMITH, ROBERT R  
STREET ADDRESS 41888 ARROWHEAD O.R.E. P.O. Box 55  
CITY-ST-ZIP LUSBY MD 20657 0055

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SMITH, ROBERT R  
PO. Box 55  
LUSBY MARYLAND 20657-0055

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.

SIGNATURE: Robert R. Smith, Treasurer

3/16/98

NONE

CR2E037 (10/97)