

DOCUMENT # **N99000004407**

1. Entity Name

**PEACE VALLEY CAMP, INC.**

FILED

00 NOV 16 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3296 CR 664  
BOWLING GREEN FL 33834

3296 CR 664  
BOWLING GREEN FL 33834-2826

2. Principal Place of Business

**3297 CR 664**

3. Mailing Address

**3297 CR 664**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



**REINSTATEMENT 2000**

City & State  
**BOWLING GREEN, FL**

City & State  
**BOWLING GREEN, FL**

4. FEI Number  
**65-1051286**

Applied For  
 Not Applicable

Zip  
**33834**

Country  
**HARDEE**

Zip  
**33834**

Country  
**HARDEE**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERRON, CLAUDEENE**  
~~3296 CR 664~~ **3297 CR 664**  
**BOWLING GREEN FL 33834**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **CLAUDEENE HERRON**

*Claudeene Herron*

**1-5-00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$81.25**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **PD BOYETTE, HERMAN**  
STREET ADDRESS **P O BOX 245**  
CITY-ST-ZIP **BOWLING GREEN FL 33834**

TITLE  Change  Addition  
NAME **RICHARD YATES**  
STREET ADDRESS **410 S.E. THIRD ST.**  
CITY-ST-ZIP **FT. MEADE, FL 33841**

TITLE  Delete  
NAME **VD EVANS, LARRY**  
STREET ADDRESS **301 LOUIS EDWARDS CT**  
CITY-ST-ZIP **LAKDLAND FL 33809-6129**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SD CLAUDEENE HERRON, CLAUDEENE**  
STREET ADDRESS ~~3297 CR 664~~ **3297 CR 664**  
CITY-ST-ZIP **BOWLING GREEN FL 33834**

TITLE  Change  Addition  
NAME **000003483710-4**  
STREET ADDRESS **-12/04/00--01002--018**  
CITY-ST-ZIP **\*\*\*\*175.00--\*\*\*\*175.00-**

TITLE  Delete  
NAME **TD HERRON, DOUGLAS**  
STREET ADDRESS **P O BOX 2231**  
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D HERRON, RONALD**  
STREET ADDRESS **P O BOX 694**  
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D JOHNSON, HAZEL**  
STREET ADDRESS **3181 CR 664**  
CITY-ST-ZIP **BOWLING GREEN FL 33834**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DOUGLAS C. HERRON** *Douglas C. Herron* **1/5/00** **(863) 767-0361**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)