

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004407

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: PEACE VALLEY CAMP, INC.

## Current Principal Place of Business:

3297 CR 664  
BOWLING GREEN, FL 33834

## New Principal Place of Business:

## Current Mailing Address:

3297 CR 664  
BOWLING GREEN, FL 33834

## New Mailing Address:

FEI Number: 65-1051286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERRON, CLAUDEENE  
3297 CR 664  
BOWLING GREEN, FL 33834 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: YATES, RICHARD  
Address: 410 SE THIRD ST  
City-St-Zip: FORT MEADE, FL 33841

Title: D ( ) Delete  
Name: SHEPARD, DELILIA  
Address: 365 OLD DIXIE HWY.  
City-St-Zip: BOWLING GREEN, FL 33834

Title: D ( ) Delete  
Name: BRYAN, JEAN  
Address: P.O. BOX 465  
City-St-Zip: BOWLING GREEN, FL 33834

Title: TD ( ) Delete  
Name: HERRON, RONALD  
Address: P O BOX 694  
City-St-Zip: WAUCHULA, FL 33873

Title: S ( ) Delete  
Name: HERRON, CLAUDEENE  
Address: 3297 CR 664  
City-St-Zip: BOWLING GREEN, FL 33834

Title: P ( ) Delete  
Name: EVANS, LARRY  
Address: 301 LOUIS EDWARD CT.  
City-St-Zip: LAKE LAND, FL 33809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SHEPARD, DELILIA  
Address: 138 DANIELLE DR  
City-St-Zip: DANDRIDGE, TN 37725

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RISNER, TRAVIS  
Address: 214 SOUTH ORANGE  
City-St-Zip: FORT MEADE, FL 33841

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDEENE HERRON

S

03/09/2009

Electronic Signature of Signing Officer or Director

Date