

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90165 022 ****61.25

DOCUMENT # N99000004407

1. Entity Name

PEACE VALLEY CAMP, INC.



Principal Place of Business

**3297 CR 664
BOWLING GREEN FL 33834**

Mailing Address

**3297 CR 664
BOWLING GREEN FL 33834**

60010873



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1051286**

Applied For

Not Applicable

Country

Country

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CLAUDEENE HERRON SECRETARY**

1-25-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **YATES, RICHARD**
STREET ADDRESS **410 SE THIRD ST**
CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE **D** ☐ Change ☐ Addition
NAME **REV. CHRISTIAN C. CHRISTOPHER**
STREET ADDRESS **511 W. PALMETTO ST.**
CITY-ST-ZIP **WAUCHULA, FL 33873**

TITLE **D** ☐ Delete
NAME **SHEPARD, DELILIA**
STREET ADDRESS **365 OLD DIXIE HWY.**
CITY-ST-ZIP **BOWLING GREEN FL 33834**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **YATES, JEAN**
STREET ADDRESS **P.O. BOX 465**
CITY-ST-ZIP **BOWLING GREEN FL 33834**

TITLE **D** ☐ Change ☐ Addition
NAME **BRYAN, JEAN YATES**
STREET ADDRESS **P.O. BOX 465**
CITY-ST-ZIP **BOWLING GREEN, FL 33834**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Delete
NAME **LARRY EVANS**
STREET ADDRESS **301 LOUIS EDWARD CT.**
CITY-ST-ZIP **LAKE LAND, FL 33809**

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: **1/25/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)