

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005860

Entity Name: CAMP MOUNT PLEASANT INC**Current Principal Place of Business:**1884 PLEASANT HILL ROAD
BONIFAY, FL 32425**Current Mailing Address:**PO BOX 567
COTTONDALE, FL 32431**FEI Number: 81-1245000****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WILLIAMS, GLEN
2894 SPRING CHASE LANE
MARIANNA, FL 32446 US*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**Officer/Director Detail :**

Title	CHAIRMAN
Name	HOWELL, JOHN
Address	1197 HICKORY RIDGE RD
City-State-Zip:	CHIPLEY FL 32428

Title	ASSISTANT CHAIRMAN
Name	CROSS, BRADEN
Address	3385 E OLIVE RD
City-State-Zip:	PENSACOLA FL 32514

Title	GENERAL DIRECTOR
Name	AUSTIN, ALLAN
Address	19573 NW SR 73
City-State-Zip:	CLARKSVILLE FL 32430

Title	TREASURER
Name	WILLIAMS, GLEN
Address	2894 SPRING CHASE LANE
City-State-Zip:	MARIANNA FL 32446

Title	SECRETARY
Name	LITTLEFIELD, DUANE
Address	5453 9TH ST
City-State-Zip:	MALONE FL 32445

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN GLEN WILLIAMS**TREASURER****04/25/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date