

2025 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: No

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: GLEN WILLIAMS

TREASURER

04/10/2025

Electronic Signature of Signing Officer/Director Detail

Date