

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90024 045 ****61.25

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1. Entity Name

CENTRAL FLORIDA CAMPERS CLUB, INC.



Principal Place of Business

706 THISTLE PL
WINTER SPRINGS FL 32708-2126

Mailing Address

706 THISTLE PL
WINTER SPRINGS FL 32708-2126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3428347

Applied For

Not Applicable

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

HUBLER, BARBARA
910 W 20TH STREET
SANFORD FL 32771

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

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
Due By May 1, 2006

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

TITLE PD ☒ Delete
NAME WEATHERHOLT, PAUL
STREET ADDRESS 10567 FAIRHALEN WAY
CITY-ST-ZIP ORLANDO FL 32825

TITLE VPD ☐ Delete
NAME WHITRIGHT, MARQUERITE
STREET ADDRESS 1298 HOLLYWOOD DR.
CITY-ST-ZIP MELBOURNE FL 34786

TITLE DS ☐ Delete
NAME MONTROSS, JUDITH
STREET ADDRESS 706 THISTLE PLACE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE 2V ☒ Delete
NAME MORGAN, JOHN
STREET ADDRESS 3829 BAINBRIDGE AVE
CITY-ST-ZIP ORLANDO FL 32839

TITLE TD ☒ Delete
NAME WOLFF, CAROL
STREET ADDRESS 647 ELMWOOD DR.
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME SHELLY FOSTER
STREET ADDRESS 10750 FAIRHAVEN WAY
CITY-ST-ZIP ORLANDO, FL 32825

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

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

TITLE 2V ☒ Change ☐ Addition
NAME DIANNA MORGAN
STREET ADDRESS 222 W. CASTLE STREET
CITY-ST-ZIP ORLANDO, FL 32809

TITLE TD ☒ Change ☐ Addition
NAME DEBBIE MORGAN
STREET ADDRESS 3829 BAINBRIDGE AVENUE
CITY-ST-ZIP ORLANDO, FL 32839

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 exemptions contained in Section 119, 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:

Judith Montross

JUDITH MONTROSS

1-26-2006

407-699-3039