2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000000695

1. Entity Name
CENTRAL FLORIDA CAMPERS CLUB, INC.

Principal Place of Business	Mailing Address
706 THISTLE PL WINTER SPRINGS, FL 32708-2126	706 THISTLE PL WINTER SPRINGS, FL 32708-2126

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02042007 No Chg-NP CR2E037 (4/06)

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

HUBLER, BARBARA
910 W 20TH STREET
SANFORD, FL 32771

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOSTER, SHELLY
STREET ADDRESS	10750 FAIRHAVEN WAY
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	VPD
NAME	WHITRIGHT, MARQUERITE
STREET ADDRESS	1298 HOLLYWOOD DR.
CITY-ST-ZIP	MELBOURNE, FL 34786
TITLE	DS
NAME	MONTROSS, JUDITH
STREET ADDRESS	706 THISTLE PLACE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	2V
NAME	MORGAN, DIANNA
STREET ADDRESS	222 W CASTLE STREET
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	TD
NAME	MORGAN, DEBBIE
STREET ADDRESS	3829 BAINBRIDGE AVE
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/07-80066-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Debra L Morgan 2-4-07 407-855-9929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #