

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90012 014 ****61.25

DOCUMENT # N97000000695 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-3428347	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HUBLER, BARBARA 910 W 20TH STREET SANFORD, FL 32771				7. Name and Address of New Registered Agent Name Amy Whitright Street Address (P.O. Box Number is Not Acceptable) 382 Lagoon St SW Palm Bay City FL Zip Code 32908	
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 <u><i>Amy Whitright</i></u> Amy Whitright 2/25/08 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)					
Filing Fee Is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, SHELLY 10750 FAIRHAVEN WAY ORLANDO, FL 32825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Debbie Morgan 3829 Bainbridge Ave Orlando, FL 32839	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITRIGHT, MARQUERITE 1298 HOLLYWOOD DR. MELBOURNE, FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Amy Whitright 382 Lagoon St SW Palm Bay, FL 32908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MONTROSS, JUDITH 706 THISTLE PLACE WINTER SPRINGS, FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V Lynn Gill 9640 SE 25th Ave Trenton, FL 32693	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V MORGAN, DIANNA 222 W CASTLE STREET ORLANDO, FL 32809	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARQUERITE Whitright 108 Mountain Brook CT Ellijay, GA 30540	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORGAN, DEBBIE 3829 BAINBRIDGE AVE ORLANDO, FL 32839	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
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: <u><i>Amy Whitright</i></u> Amy Whitright 2/25/08 321-722-4665 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					