

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009256

**Entity Name:** NORTHEAST FLORIDA CAMPERS FOUNDATION, INC.

**Current Principal Place of Business:**

6944 VAN GUNDY RD  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

6944 VAN GUNDY RD  
JACKSONVILLE, FL 32208

**FEI Number:** 45-2233316

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FORD-DAVIS, MONICA DR.  
6944 VAN GUNDY RD  
JACKSONVILLE, FL 32208 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 D  
Name FORD-DAVIS, MONICA  
Address 6944 VAN GUNDY RD  
City-State-Zip: JACKSONVILLE FL 32208

Title V  
Name CARTER, JERRY  
Address 8778 HAMMOND WOOD RD S  
City-State-Zip: JACKSONVILLE FL 32221

Title S  
Name WASHINGTON, ELIZABETH  
Address 4168 BRAEMERE DRIVE  
City-State-Zip: SPRING HILL FL 34609

Title S  
Name FOWLER, MAE  
Address 12687 SAMPSON RD  
City-State-Zip: JACKSONVILLE FL 32218

Title T  
Name MARSHALL, FRANK  
Address 1503 CARBONDALE DR., NORTH  
City-State-Zip: JACKSONVILLE FL 32208

*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:** MONICA FORD-DAVIS

**PRESIDENT**

**04/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date