

**2021 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            PRESIDENT  
Name            BROOKS, JAMES ROLAND  
Address        2106 SPARKMAN RD  
City-State-Zip: PLANT CITY FL 33566

Title            VP  
Name            ST. CLAIR, HOMER  
Address        5102 HECKSCHER DR.  
City-State-Zip: JACKSONVILLE FL 32226

Title            SECRETARY  
Name            BOOTH, PEGGY  
Address        2108 SPARKMAN RD.  
City-State-Zip: PLANT CITY FL 33566

Title            ASST. TREASURER  
Name            LITTLE, LAUREN  
Address        6438 SEABOARD AVE.  
City-State-Zip: JACKSONVILLE FL 32244

Title            TREASURER  
Name            KEARSON, RAWN HENRY  
Address        15393 SANDFIELD LOOP  
City-State-Zip: WINTER GARDEN FL 34787

Title            SECRETARY  
Name            GRANT, SHARON  
Address        8456 FINCH AVE, E.  
City-State-Zip: JACKSONVILLE FL 32219

Title            FINANCIAL SECRETARY  
Name            BROOKS, CARLA  
Address        2109 SPARKMAN ROAD  
City-State-Zip: PLANT CITY FL 33566

*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:** RAWN KEARSON

**TREASURER**

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date