

**2018 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 WASHINGTON, WILLIE  
Address 4168 BRAEMERE DRIVE  
City-State-Zip: SPRING HILL FL 34609

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

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

Title S  
Name BRIDGEWATER, EMMA  
Address 2839 SPOTTED EAGLE DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

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

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

*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:** ELIZABETH B. WASHINGTON

**TREASURER**

**03/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date