

2020 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 WASHINGTON, WILLIE
Address 4168 BRAEMERE DRIVE
City-State-Zip: SPRING HILL FL 34609

Title VP
Name BROOKS, JAMES
Address 2109 SPARKMAN ROAD
City-State-Zip: PLANT CITY FL 33566

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 T
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 H. KEARSON

TREASURER

01/10/2020

Electronic Signature of Signing Officer/Director Detail

Date