FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 13 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710358 (3)

1. Corporation Name

FLORIDA CAMPGROUND ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1340 VICKERS DR. TALLAHASSEE FL 32303-3041 US	1340 VICKERS DR. TALLAHASSEE FL 32303-3041 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1966
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-1503847 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Joseph O. Striska
2430 Wren Hollow Drive
Tallahassee FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED	1.1 TITLE	☐ Change ☐ Addition
NAME	STRISKA, JOE	1.2 NAME	
STREET ADDRESS	1340 VICKERS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, ED	2.2 NAME	
STREET ADDRESS	4225 HWY A1A S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	MORALEE, TOM	3.2 NAME	
STREET ADDRESS	4085 E. VENICE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☒ Change ☐ Addition
NAME	BOUSE, ROBERT R.	4.2 NAME	Secretary
STREET ADDRESS	20005 U.S. HWY 27	4.3 STREET ADDRESS	John Lanes
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	1701 N. US 1 Ormond Bch FL 32174
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	FREED, CHUCK	5.2 NAME	
STREET ADDRESS	3321 S.E. 30TH TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCKEECHOBEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHEIDER, CHUCK	6.2 NAME	
STREET ADDRESS	9201 NAVARRE PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL 32566-2913	6.4 CITY-ST-ZIP	

2/16

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Joe Striska 1/26/95 (904) 562-7151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002220