

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



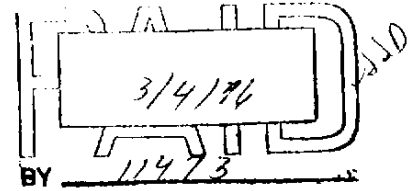
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **710358** (3)

1. Corporation Name

FLORIDA CAMPGROUND ASSOCIATION, INC.

FLA. CAMPGROUND ASSOCIATION



Principal Place of Business

**1340 VICKERS DR.
TALLAHASSEE FL 32303-3041
US**

Mailing Address

**1340 VICKERS DR.
TALLAHASSEE FL 32303-3041
US**

3. Date Incorporated or Qualified
02/15/1966

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRISKA, JOSEPH O
2430 WREN HOLLOW DRIVE
TALLAHASSEE FL 32303**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Joseph O. Striska

DATE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	ED	☐ DELETE
NAME	STRISKA, JOE	
STREET ADDRESS	1340 VICKERS DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	☒ DELETE
NAME	SCHNEIDER, ED	
STREET ADDRESS	4225 HWY A1A S.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	V	☐ DELETE
NAME	MORALEE, TOM	
STREET ADDRESS	4085 E. VENICE AVE.	
CITY-ST-ZIP	VENICE FL	
TITLE	S	☒ DELETE
NAME	LANES, JOHN	
STREET ADDRESS	1701 N US 1	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	☐ DELETE
NAME	FREED, CHUCK	
STREET ADDRESS	3321 S.E. 30TH TERR.	
CITY-ST-ZIP	OCKEECHOBEE FL	
TITLE	D	☒ DELETE
NAME	SCHEIDER, CHUCK	
STREET ADDRESS	9201 NAVARRE PKWY	
CITY-ST-ZIP	NAVARRE FL 32566-2913	

1.1 TITLE	President (P) (D)	☒ Change ☐ Addition
1.2 NAME	Striska, Joe	
1.3 STREET ADDRESS	1340 Vickers Dr	
1.4 CITY-ST-ZIP	Tallahassee, FL 32303-3041	
2.1 TITLE	Chairman (CH) (D)	☒ Change ☐ Addition
2.2 NAME	Moralee, Tom	
2.3 STREET ADDRESS	4085 E. Venice Ave.	
2.4 CITY-ST-ZIP	Venice, FL 34292	
3.1 TITLE	Vice-Chairman (VC) (D)	☒ Change ☐ Addition
3.2 NAME	Freed, Chuck	
3.3 STREET ADDRESS	3321 SE 30th Terrace, Okeechobee, FL	
3.4 CITY-ST-ZIP		
4.1 TITLE	Denison, Laurie (Treas.)	☐ Change ☒ Addition
4.2 NAME	6633 53rd Ave. E (D)	
4.3 STREET ADDRESS	Bradenton, FL 34203-9704	
4.4 CITY-ST-ZIP		
5.1 TITLE	Calhoun, Kate (Sec.)	☐ Change ☒ Addition
5.2 NAME	251 US Alt. 19N (D)	
5.3 STREET ADDRESS	Palm Harbor, FL 34683-0638	
5.4 CITY-ST-ZIP		
6.1 TITLE	Jones, Ken (Director)	☐ Change ☒ Addition
6.2 NAME	28229 C.R. 33 (D)	
6.3 STREET ADDRESS	Leesburg, FL 34748	
6.4 CITY-ST-ZIP		

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

(904) 562-7151

DATE

DAYTIME PHONE #

CR2E037 (12/95)

3-27-1996