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

FLA. CAMPGROUND ASSOCIATION
3/4/96
BY 11473

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

3. Date Incorporated or Qualified: **02/15/1966**
3a. Date of Last Report: **02/13/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STRISKA, JOSEPH O
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 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
Signature of or typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	☐ DELETE	11 TITLE	President (P) (D)	☒ Change ☐ Addition
NAME	STRISKA, JOE		12 NAME	Striska, Joe	
STREET ADDRESS	1340 VICKERS DR.		13 STREET ADDRESS	1340 Vickers Dr	
CITY-ST-ZIP	TALLAHASSEE FL		14 CITY-ST-ZIP	Tallahassee, FL 32303-3041	
TITLE	P	☒ DELETE	21 TITLE	Chairman (CH) (D)	☒ Change ☐ Addition
NAME	SCHNEIDER, ED		22 NAME	Moralee, Tom	
STREET ADDRESS	4225 HWY A1A S.		23 STREET ADDRESS	4085 E. Venice Ave.	
CITY-ST-ZIP	ST. AUGUSTINE FL		24 CITY-ST-ZIP	Venice, FL 34292	
TITLE	V	☐ DELETE	31 TITLE	Vice-Chairman (VC) (D)	☒ Change ☐ Addition
NAME	MORALEE, TOM		32 NAME	Freed, Chuck	
STREET ADDRESS	4085 E. VENICE AVE.		33 STREET ADDRESS	3321 SE 30th Terrace, Okeechobee, FL	
CITY-ST-ZIP	VENICE FL		34 CITY-ST-ZIP		
TITLE	S	☒ DELETE	41 TITLE	Denison, Laurie (Treas.)	☐ Change ☒ Addition
NAME	LANES, JOHN		42 NAME	6633 53rd Ave. E (D)	
STREET ADDRESS	1701 N US 1		43 STREET ADDRESS	Bradenton, FL 34203-9704	
CITY-ST-ZIP	ORMOND BEACH FL 32174		44 CITY-ST-ZIP		
TITLE	T	☐ DELETE	51 TITLE	Calhoun, Kate (Sec.)	☐ Change ☒ Addition
NAME	FREED, CHUCK		52 NAME	251 US Alt. 19N (D)	
STREET ADDRESS	3321 S.E. 30TH TERR.		53 STREET ADDRESS	Palm Harbor, FL 34683-0638	
CITY-ST-ZIP	OCKEECHOBEE FL		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE	Jones, Ken (Director)	☐ Change ☒ Addition
NAME	SCHEIDER, CHUCK		62 NAME	28229 C.R. 33 (D)	
STREET ADDRESS	9201 NAVARRE PKWY		63 STREET ADDRESS	Leesburg, FL 34748	
CITY-ST-ZIP	NAVARRE FL 32566-2913		64 CITY-ST-ZIP		

CR2E037 (12/95)

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.

3-27-1996

SIGNATURE: Joseph O. Striska
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 (904) 562-7151
Date Daytime Phone #