

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90108 032 ****61.25

DOCUMENT # 720380

1. Entity Name
**FLORIDA STATE ASSOCIATION OF NATIONAL
CAMPER AND HIKERS ASSOCIATION, INC.**



Principal Place of Business
**149 N. LAKE DR.
LEESBURG, FL 34788 US**

Mailing Address
**149 N. LAKE DR.
LOT #115
LEESBURG, FL 34788 US**



2. Principal Place of Business

3. Mailing Address

01112006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
23-7164499

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOWLER, JOSEPH A
149 N. LAKE DR.
LEESBURG, FL 34788**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **FOWLER, JOSEPH A**
CITY-ST-ZIP **149 N. LAKE DR.
LEESBURG, FL 34788**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **JONES, HELEN**
CITY-ST-ZIP **630 MAGNOLIA AVE.
JACKSONVILLE, FL 32259**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **BAKER, CECIL**
CITY-ST-ZIP **7309 PENDEROSA DR.
TAMPA, FL 33637**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **JONES, ROBERT**
CITY-ST-ZIP **630 MAGNOLIA AVE
JACKSONVILLE, FL 32259**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph A Fowler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06

Date

352-483-0569

Daytime Phone #