


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90017 039 ****61.25

DOCUMENT # 720380 1. Entity Name FLORIDA STATE ASSOCIATION OF NATIONAL CAMPERS 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 - No P.O. Box # 304 Kentucky Ave. Suite, Apt. #, etc.		3. Mailing Address 304 Kentucky Ave. Suite, Apt. #, etc.			
City & State St. Cloud, FL		City & State St. Cloud, FL		4. FEI Number 23-7164499	
Zip 34769		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOWLER, JOSEPH A 149 N. LAKE DR. LEESBURG, FL 34788				7. Name and Address of New Registered Agent Name Brown, Peter G. Street Address (P.O. Box Number is Not Acceptable) 304 Kentucky Ave. City St. Cloud FL 34769	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE <u><i>Peter G. Brown</i></u> Signature, typed or printed name of registered agent and title if applicable. </div> <div style="width: 35%; text-align: right;"> 5/20/08 DATE </div> </div>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOWLER, JOSEPH A 149 N. LAKE DR. LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Brown, Peter G. 304 Kentucky Ave. St. Cloud, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, HELEN 630 MAGNOLIA AVE. JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, CECIL 7309 PENDEROSA DR. TAMPA, FL 33637	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, ROBERT 630 MAGNOLIA AVE JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Peter G. Brown</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/20/08 Date		407-957-7746 Daytime Phone #