2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 720380

Entity Name: FLORIDA STATE ASSOCIATION OF NATIONAL CAMPERS AND HIKERS ASSOCIATION, INC.

Current Principal Place of Business:

304 KENTUCKY AVE
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

304 KENTUCKY AVE
SAINT CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 23-7164499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, PETER G
304 KENTUCKY AVE
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: BROWN, PETER G
Address: 304 KENTUCKY AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: SD ( ) Delete
Name: JONES, HELEN
Address: 630 MAGNOLIA AVE.
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD ( ) Delete
Name: BAKER, CECIL
Address: 7309 PENDEROSA DR.
City-St-Zip: TAMPA, FL 33637

Title: VD (X) Delete
Name: JONES, ROBERT
Address: 630 MAGNOLIA AVE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: BROWN, JANE
Address: 304 KENTUCKY AVE.
City-St-Zip: ST. CLOUD, FL 34769

Title: PD (X) Change ( ) Addition
Name: WALTERS, GEORGE
Address: 455 SW GREENWOOD TER.
City-St-Zip: FT. WHITE, FL 32038

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER G. BROWN TD 01/06/2009

Electronic Signature of Signing Officer or Director — Date