

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **726285** (0)

1. Corporation Name

**SUN 'N FUN CHAPTER 454 (EAA), INC.**



Principal Place of Business

**4175 MEDULLA RD  
LAKELAND FL 33811**

Mailing Address

**4175 MEDULLA RD  
LAKELAND FL 33811**

3. Date Incorporated or Qualified  
**05/01/1973**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2771964**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
City & State

27  
City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23  
Zip

Country

28  
Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fee**

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VOIGT, MILTON  
2600 HARDEN BLVD  
SUITE 75  
LAKELAND FL 33803**

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PD  
HOUGHTON, JERRY  
18 AQUALANE DR  
WINTER HAVEN FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VPD  
PRICE, DONALD  
4205 S MEREDITH DR  
VALRICO FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**SD  
VOIGT, MILTON  
2600 HARDEN BLVD. #75  
LAKELAND FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**TD  
JOHNSON, RICHARD  
5132 BLACK BIRCH TRAIL  
MULBERRY FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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: **MILTON VOIGT** *Milton Voigt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-96**

Date

**941/644-0741**

Daytime Phone #

CR2E037 (12/95)