

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90022 033 ****61.25

DOCUMENT # 726285

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/01/1973

4. FEI Number

59-2771964

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

9. Name and Address of Current Registered Agent

VOIGT, MILTON
2600 HARDEN BLVD
SUITE 75
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name Gibson, James R.
82 Street Address (P.O. Box Number is Not Acceptable)
321 Grape Myrtle Lane
83
84 City Polk City FL 85 Zip Code 33568

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 *James R. Gibson*

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

(NOTE: Registered Agent signature required when reinstating)

4/3/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VOIGT, MILTON
STREET ADDRESS 2600 HARDEN BLVD., STE. 75
CITY-ST-ZIP LAKELAND FL

TITLE VPD
NAME PRICE, DONALD
STREET ADDRESS 4205 S MEREDITH DR
CITY-ST-ZIP VALRICO FL

TITLE TD
NAME JOHNSON, RICHARD
STREET ADDRESS 5132 BLACK BIRCH TRAIL
CITY-ST-ZIP MULBERRY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Gibson, James R.
1.3 STREET ADDRESS 321 Grape Myrtle Lane
1.4 CITY-ST-ZIP Polk City, FL 33868

2.1 TITLE VPD
2.2 NAME Rhodes, Jack
2.3 STREET ADDRESS 4682 Velvet Loop
2.4 CITY-ST-ZIP Lakeland, FL 33811

3.1 TITLE Sac-Tv.
3.2 NAME Mabry, Jean E.
3.3 STREET ADDRESS 1248 Sunset Ave
3.4 CITY-ST-ZIP Lakeland FL 33801

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

James R. Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/99 941 6651334
Date Daytime Phone #

CR2E037 (11/98)