

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **729851** (6)

1. Corporation Name

**COMMUNITY CAMPING COUNCIL, INC.**



Principal Place of Business

**330 5TH ST. NO.  
ST. PETERSBURG FL 33701  
US**

Mailing Address

**339 5TH ST. NO.  
ST. PETERSBURG FL 33701  
US**

3. Date Incorporated or Qualified

**06/05/1974**

3a. Date of Last Report

**05/18/1995**

2. Principal Place of Business

2a. Mailing Address

**21** **330 5th Street North**

4. FEI Number

**23-7432179**

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**

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

**POPE, (ROBERT W.)  
2037 1ST AVE N  
ST. PETERSBURG FL 33713**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE

NAME **MITCHELL, DORIS**  
STREET ADDRESS **9863 PORTSIDE DR**  
CITY - ST - ZIP **SEMINOLE FL**

1.1 TITLE **SD**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**SD**

**Joan Rusbridge**

**426 32nd Ave. No., Apt. 105E**

**St. Petersburg, FL 33704**

☐ Change

☒ Addition

TITLE **TD** ☐ DELETE

NAME **LIGHTSEY, MARK**  
STREET ADDRESS **6600 34TH AVE.**  
CITY - ST - ZIP **ST. PETERSBURG FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE **PD** ☐ DELETE

NAME **CORKEY, JAY MS.**  
STREET ADDRESS **2226 39TH AVE N.**  
CITY - ST - ZIP **ST. PETERSBURG FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE **VD** ☐ DELETE

NAME **WOOSTER, MARIE**  
STREET ADDRESS **326 10TH AVE. NE**  
CITY - ST - ZIP **ST PETERSBURG FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE **D** ☐ DELETE

NAME **SANGUINETTE, JOHN**  
STREET ADDRESS **3801 34TH ST. NO., SUITE 100**  
CITY - ST - ZIP **ST. PETERSBURG FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE **D** ☐ DELETE

NAME **WITHAM, BARBARA**  
STREET ADDRESS **13846 MONTEGO DR.**  
CITY - ST - ZIP **LARGO FL**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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:

*Delma Corkey Jay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Delma Corkey Jay, President**

**6-10-96**

Date

**(813) 893-4154**

Daytime Phone #

CR2E037 (3/96)