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FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

**330 5TH ST. N.
ST. PETERSBURG FL 33701-2812
US**3. Date Incorporated or Qualified
06/05/19743a. Date of Last Report
05/15/19964. FEI Number
23-7432179Applied For
Not Applicable5. 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

24

Zip

Country

29**30**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **SD** ☐ DELETE
NAME **RUSBRIDGE, JOAN**
STREET ADDRESS **426 32ND AVENUE NORTH 105E**
CITY-ST-ZIP **ST. PETERSBURG FL**TITLE **TD** ☒ DELETE
NAME **LIGHTSEY, MARK**
STREET ADDRESS **6600 34TH AVE.**
CITY-ST-ZIP **ST. PETERSBURG FL**TITLE **PD** ☐ DELETE
NAME **CORKEY, JAY MS.**
STREET ADDRESS **2226 39TH AVE N.**
CITY-ST-ZIP **ST. PETERSBURG FL**TITLE **VD** ☐ DELETE
NAME **WOOSTER, MARIE**
STREET ADDRESS **326 10TH AVE. NE**
CITY-ST-ZIP **ST PETERSBURG FL**TITLE **D** ☒ DELETE
NAME **SANGUINETTE, JOHN**
STREET ADDRESS **3601 34TH ST. NO., SUITE 100**
CITY-ST-ZIP **ST. PETERSBURG FL**TITLE **D** ☐ DELETE
NAME **WITHAM, BARBARA**
STREET ADDRESS **13846 MONTEGO DR.**
CITY-ST-ZIP **LARGO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **Marvin, Sally**
2.3 STREET ADDRESS **6245 25 Ave. N.**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33710**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Sally Marvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/13/96
Date(813) 893-7102
Daytime Phone # 0048783

CR2E037 (9/96)