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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729851** (6)

1. Corporation Name

COMMUNITY CAMPING COUNCIL, INC.

Principal Place of Business

Mailing Address

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

330 5TH ST. N.
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/05/1974

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

7. Is this nonprofit corporation a homeowners association?

Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUSBRIDGE, JOAN	
STREET ADDRESS	426 32ND AVENUE NORTH 105E	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARVIN, SALLY	
STREET ADDRESS	6245 25 AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORKEY, JAY MS.	
STREET ADDRESS	2226 39TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOOSTER, MARIE	
STREET ADDRESS	326 10TH AVE. NE	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WITHAM, BARBARA	
STREET ADDRESS	13846 MONTEGO DR.	
CITY-ST-ZIP	LARGO FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wellington, Linda	
1.3 STREET ADDRESS	5800 19th Ave. N.	
1.4 CITY-ST-ZIP	St. Petersburg, FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Sally D. Marvin RECEIVED

2/27/98 815843-7102

CR2E037 (10/97)