

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 748283**

1. Entity Name  
**BLUFF SPRINGS CAMPGROUNDS, INCORPORATED**



Principal Place of Business  
**1300 LIAHONA TRAIL  
MCDAVID, FL 32568 US**

Mailing Address  
**1300 LIAHONA TRAIL  
MC DAVID, FL 32568 US**



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| 4. FET Number<br><b>NOT APPLICABLE</b>                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**LISENBY, DEBBIE  
1300 LIAHONA TRAIL  
MC DAVID, FL 32568**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>LEE, JOHN<br>P.O. BOX 182<br>ESCATAWPA, MS 39552                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BLAKE, ROBERT<br>9535 INDIAN BLUFF RESORT LANE<br>YOUNGSTOWN, FL 32466 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>PORTER, KEN<br>3381 SUGARTREE DR.<br>PENSACOLA, FL 32503               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>WILSON, STANCIL<br>1153 NAVCO ROAD<br>MOBILE, AL 36605                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VEAZEY, STEVEN<br>1001 W WALNUT<br>INDEPENDENCE, MO 640503562          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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01/09/07-80054-003 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-07

850-527-5939