FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:59

DOCUMENT # N03950 (5)

1. Corporation Name
RIVER CAMP RESORT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11465 W PRIEST LANE HOMASSASA SPRINGS FL 32647-0420	11465 W PRIEST LANE HOMASSASA SPRINGS FL 32647-0420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1984
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2514093 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34448-4340 Country 25	Zip 29: 34448-4340 Country 30

9. Name and Address of Current Registered Agent

BARNETT, JACK
11465 W. PRIEST LANE
HOMOSASSA FL 32646

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code 34448-4340

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	KENNETH CULBERTSON	1.2 NAME	Joseph Cross	
STREET ADDRESS	501 CALIFORNIA ST.	1.3 STREET ADDRESS	1232 North Shore Drive	
CITY-ST-ZIP	BEVERLY HILLS FL	1.4 CITY-ST-ZIP	St. Cloud, FL 34771-9609	
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	BARNETT, JACK	2.2 NAME		
STREET ADDRESS	11465 W. PRIEST LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34448-4340	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE	DV	☒ Change ☒ Addition
NAME	KRETZER, RALPH	3.2 NAME	Ralph Kretzer	
STREET ADDRESS	4040 S GATE PT.	3.3 STREET ADDRESS	P.O. Box 688 n/a	
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP	Homosassa, FL 34487	
TITLE	DS	4.1 TITLE		☐ Change ☐ Addition
NAME	BECKWITH, CHARLES	4.2 NAME		
STREET ADDRESS	3804 ROYAL PALM DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34210-1305	4.4 CITY-ST-ZIP		
TITLE	DT	5.1 TITLE	DV	☐ Change ☒ Addition
NAME	MOORS, JERILYN	5.2 NAME	Bob Pavey	
STREET ADDRESS	8987 113TH ST. N.	5.3 STREET ADDRESS	11465 W. Priest Lane	
CITY-ST-ZIP	SEMINOLE FL 34642	5.4 CITY-ST-ZIP	Homosassa, FL 34448-4340	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SWOPE, SIDNEY	6.2 NAME		
STREET ADDRESS	1210 PRYDE DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751	6.4 CITY-ST-ZIP		

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)(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: Jack Barnett President & C.E.O. 1/20/95 904-628-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jack Barnett

0950451