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FILED

Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N10493

(7)

1. Corporation Name

SERTOMA FAMILY CAMPERS, INC.

Principal Place of Business

7150 MULLINS RD  
BROOKSVILLE FL 34809

Mailing Address

7150 MULLINS RD  
BROOKSVILLE FL 34809-84443. Date Incorporated or Qualified  
08/01/19853a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number

59-2616841

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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

BROOK, V JOHN JR  
695 CENTRAL AVE  
ST PETERSBURG FL 33701

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 CD ☐ DELETE  
NAME VEGA, LOIS  
STREET ADDRESS 7150 MULLINS RD  
CITY-ST-ZIP BROOKSVILLE FLTITLE PD ☐ DELETE  
NAME VEGA, JOE  
STREET ADDRESS 7150 MULLINS RD  
CITY-ST-ZIP BROOKSVILLE FLTITLE SD ☐ DELETE  
NAME SHANNON, JAMES  
STREET ADDRESS 6901 WOODSMAN AVE  
CITY-ST-ZIP ZEPHYRHILLS FLTITLE TD ☐ DELETE  
NAME VEGA, LOIS V  
STREET ADDRESS 7150 MULLINS RD  
CITY-ST-ZIP BROOKSVILLE FLTITLE D ☐ DELETE  
NAME WOMACK, MARK  
STREET ADDRESS 6224 FLAMINGO DR.  
CITY-ST-ZIP APPOLO BEACH FLTITLE D ☐ DELETE  
NAME COULTON, RICHARD  
STREET ADDRESS 11429 PITCARIN AVE  
CITY-ST-ZIP BROOKSVILLE FL1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

10124 KENHAWK DR.  
RIVERVIEW FL 33569

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-97 352-796-1201

Date

Daytime Phone # 0066497

CR2E037 (9/96)