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Mar 26 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 # N10493

(7)

1. Corporation Name

SERTOMA FAMILY CAMPERS, INC.

Principal Place of Business

Mailing Address

7150 MULLINS RD  
BROOKSVILLE FL 34609

7150 MULLINS RD  
BROOKSVILLE FL 34609



3. Date Incorporated or Qualified

08/01/1985

4. FEI Number

59-2616841

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	VEGA, LOIS	
STREET ADDRESS	7150 MULLINS RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VEGA, JOE	
STREET ADDRESS	7150 MULLINS RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHANNON, JAMES	
STREET ADDRESS	6901 WOODSMAN AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	VEGA, LOIS V	
STREET ADDRESS	7150 MULLINS RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOMACK, MARK	
STREET ADDRESS	10124 KENLAKE DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COULTON, RICHARD	
STREET ADDRESS	11429 PITCARIN AVE	
CITY-ST-ZIP	BROOKSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ROSE COULTON RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	11429 PITCARIN AVE	
1.3 STREET ADDRESS	BROOKSVILLE FL 34613	
1.4 CITY-ST-ZIP		
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	LOUISE SMITH TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	106 2ND ST NW	
4.3 STREET ADDRESS	RUSKIN 33570	
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: JOE VEGA ROSE COULTON 2-15-98

CR2E037 (1097)