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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90252 049 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10493

1. Corporation Name

SERTOMA FAMILY CAMPERS, INC.

Principal Place of Business

7150 MULLINS RD
BROOKSVILLE FL 34609

Mailing Address

7150 MULLINS RD
BROOKSVILLE FL 34609



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/01/1985

4. FEI Number

59-2616841

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☒ DELETE
NAME ROSE COULTON
STREET ADDRESS 11429 PITCARIN AVE
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE PD ☐ DELETE
NAME VEGA, JOE
STREET ADDRESS 7150 MULLINS RD
CITY-ST-ZIP BROOKSVILLE FL

TITLE SD ☐ DELETE
NAME SHANNON, JAMES
STREET ADDRESS 6901 WOODSMAN AVE
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE TD ☐ DELETE
NAME LOUISE SMITH
STREET ADDRESS 106 2ND ST NW
CITY-ST-ZIP RUSKIN FL 33570

TITLE D ☐ DELETE
NAME WOMACK, MARK
STREET ADDRESS 10124 KENLAKE DRIVE
CITY-ST-ZIP RIVERVIEW FL

TITLE D ☒ 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ 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, with all other like empowered

SIGNATURE:

JOE VEGA

4-20-99

352 796-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)