

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90453 027 *****61.25

DOCUMENT # N28979

1. Entity Name

CAMP FOUR SPORTSMEN'S ASSOCIATION, INC.



Principal Place of Business

LANNY KING
2518 HIGHWAY 77, STE. B
LYNN HAVEN FL 32444
US

Mailing Address

LANNY KING
2518 HIGHWAY 77, STE. B
LYNN HAVEN FL 32444
US

2. Principal Place of Business

2519 WILLOW LANE

3. Mailing Address

2519 WILLOW LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LYNN HAVEN

LYNN HAVEN

City & State

City & State

FL

FL

Zip

Country

Zip

Country

32444

32444

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, LANNY

2518 HIGHWAY 77

STE. B

LYNN HAVEN FL 32444

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Lanny King

4/17/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **KING, LANNY**
STREET ADDRESS **2518 HIGHWAY 77, STE. B**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **LANNY KING**
STREET ADDRESS **2519 WILLOW LANE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **VD** ☐ Delete
NAME **MILLER, MIKE**
STREET ADDRESS **7513 TALMADGE ROAD**
CITY-ST-ZIP **SOUTHPORT FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **WALKER, JEFF**
STREET ADDRESS **421 ROWE DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 REQUIRED

4/17/03 (850) 265-0777

CR2E037 (10/02)