

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N31745**

1. Entity Name  
**BROWARD KOUNTY KAMPERS KLUB, INC.**



Principal Place of Business  
**1335 COLEMAN STREET  
TALLAHASSEE, FL 32310 US**

Mailing Address  
**6807 LUANA LANE  
SEFFNER, FL 33584 US**

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0138408**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STEPHENS, HAZEL S  
6807 LUANA LANE  
SEFFNER, FL 33584**

**DO NOT WRITE  
IN THIS SPACE**

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

*Hazel S. Stephens*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/18/08*

**Filing Fee Is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000837920  
03/05/08-80010-009 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GIVENS, RUDY  
1335 COLEMAN STREET  
TALLAHASSEE, FL 32310**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SMITH, ALLAN  
P.O. BOX 37454  
TALLAHASSEE, FL 32315**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**RS  
TURNER, VICKIE  
6340 NW 13TH AVENUE  
OCALA, FL 34475**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CS  
STEPHENS, HAZEL  
6807 LUANA LANE  
SEFFNER, FL 33584**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FS  
FRANKLIN, DOROTHY  
4421 NW 13TH COURT  
LAUDERHILL, FL 33313**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
JOHNSON, MAE  
3119 9TH AVENUE DRIVE EAST  
PALMETTO, FL 34221**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Hazel S. Stephens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/18/2008*

Date

*813.657.3797*

Daytime Phone #