

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 6:06

DOCUMENT # N38303 (6)
1. Corporation Name
CHAMPION EMPLOYEE RECREATION ASSOCIATION INC.

Principal Place of Business Mailing Address
375 MUSCOGEE ROAD CANTONMENT FL 32533 **3810 FLINTWOOD ROAD PENSACOLA FL 32504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/24/1990** 3a. Date of Last Report **01/26/1994**
4. FEI Number **59-0838852** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**CROSS, RICHARD
3810 FLINTWOOD ROAD
PENSACOLA FL 32504**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD **CROSS, RICHARD**
3810 FLINTWOOD ROAD
PENSACOLA FL 32504
VD **NALL, TOMMY L**
103 MAGNOLIA AVENUE
CANTONMENT FL 32533
SD **KING, TERESA M**
541 TEMPLEHILL DR
PENSACOLA FL
TD **STEWART, HELEN**
835 GONZALEZ PARK DRIVE
CANTONMENT FL 32533
D **SMITH, DAVID**
1482 WISHBONE ROAD
CANTONMENT FL 32533
D **SEWELL, KEN**
5104 POTOMAC DR
PACE 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
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 **Shaw, Karrie**
4.3 STREET ADDRESS **5541 Chipper Lane**
4.4 CITY-ST-ZIP **Pace, FL 32571**
5.1 TITLE Change Addition
5.2 NAME **Eller, Danny C.**
5.3 STREET ADDRESS **P.O. Box 328 (N/A)**
5.4 CITY-ST-ZIP **Molino, FL 32577**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Richard A. Cross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard A. Cross

03-07-95 **968-2121**
Date (Month/Day/Year) (Official Use Only)