

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam,</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N38303 (6)**  
 1. Corporation Name  
**CHAMPION EMPLOYEE RECREATION ASSOCIATION INC.**



Principal Place of Business <b>375 MUSCOGEE ROAD CANTONMENT FL 32533</b>	Mailing Address <b>3810 FLINTWOOD ROAD PENSACOLA FL 32504</b>
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3. Date Incorporated or Qualified  
**05/24/1990**

4. FEI Number  
**59-0838852**

Applied For	
Not Applicable	

21. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	CROSS, RICHARD
STREET ADDRESS	3810 FLINTWOOD ROAD
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	VD <input type="checkbox"/> DELETE
NAME	ELLER, DANNY
STREET ADDRESS	100 DAFFIN RD
CITY-ST-ZIP	MOLINO FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	KING, TERESA M
STREET ADDRESS	541 TEMPLEHILL DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BRAYTON, DAVID N
STREET ADDRESS	25 RIDGEVIEW CT
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WHITAKER, JOANN W
STREET ADDRESS	10811 TARA DAWN DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROMINE, SUSAN
STREET ADDRESS	3121 S PINE BARREN RD
CITY-ST-ZIP	MCDAVID FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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:  Richard Cross 4/2/98 850-968-2121

CP2E037 (10/97)