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Feb 16, 1999 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

02-16-1999 90043 038 *****70.00

DOCUMENT # N38303

1. Corporation Name
CHAMPION EMPLOYEE RECREATION ASSOCIATION INC.

Principal Place of Business
375 MUSCOGEE ROAD
CANTONMENT FL 32533

Mailing Address
3810 FLINTWOOD ROAD
PENSACOLA FL 32504



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/24/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0838852
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	29	Trust Fund Contribution <input type="checkbox"/>
	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CROSS, RICHARD 3810 FLINTWOOD ROAD PENSACOLA FL 32504	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, RICHARD	1.2 NAME	
STREET ADDRESS	3810 FLINTWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLER, DANNY	2.2 NAME	
STREET ADDRESS	100 DAFFIN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOLINO FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, TERESA M	3.2 NAME	
STREET ADDRESS	541 TEMPLEHILL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAYTON, DAVID N	4.2 NAME	
STREET ADDRESS	25 RIDGEVIEW CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITAKER, JOANN W	5.2 NAME	
STREET ADDRESS	10611 TARA DAWN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMINE, SUSAN	6.2 NAME	
STREET ADDRESS	3121 S PINE BARREN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MCDAVID FL	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: _____ DATE: 1/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)