

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 07, 2004 08:00 AM
Secretary of State**

DOCUMENT # N00000003275

1. Entity Name
**CAMPBELLTON / BROWNTOWN DEVELOPMENT
COUNCIL, INC.**



Principal Place of Business
**P O BOX 336
CAMPBELLTON, FL 32460**

Mailing Address
**P O BOX 336
CAMPBELLTON, FL 32460**



01222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3648663

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WESLEY, TONY
5818 HWY 231 N
CAMPBELLTON, FL 32426**

**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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILBERT, DEXTER
STREET ADDRESS	P.O. BOX 158
CITY-ST-ZIP	CAMPBELLTON, FL 32426
TITLE	D
NAME	PITTMAN, FOY L
STREET ADDRESS	P O BOX 112
CITY-ST-ZIP	CAMPBELLTON, FL 32426
TITLE	D
NAME	PITTMAN, JAMES
STREET ADDRESS	P O BOX 88
CITY-ST-ZIP	CAMPBELLTON, FL 32426
TITLE	D
NAME	WESLEY, TONY
STREET ADDRESS	5818 HWY 231 N
CITY-ST-ZIP	CAMPBELLTON, FL 32426
TITLE	D
NAME	BOOKER, JOHN O
STREET ADDRESS	PO BOX 332
CITY-ST-ZIP	CAMPBELLTON, FL 32426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000158294
05/07/04-80016-001 61.25

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IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MAY 04

Date

(850) 263-3132

Daytime Phone #