


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3648663				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESLEY, TONY 5818 HWY 231 N CAMPBELLTON, FL 32426			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, DEXTER P.O. BOX 158 CAMPBELLTON, FL 32426	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, FOY L P O BOX 112 CAMPBELLTON, FD 32426	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, JAMES P O BOX 88 CAMPBELLTON, FL 32426	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESLEY, TONY 5818 HWY 231 N CAMPBELLTON, FL 32426	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BOOKER, JOHN O PO BOX 332 CAMPBELLTON, FL 32426	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.			REINSTATEMENT		
SIGNATURE: <i>John O. Booker</i> John O. Booker			Date 3 Oct 05 Daytime Phone # (504) 263-7545		