


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90248 005 \*\*\*\*61.25

<b>DOCUMENT # N00000003275</b>	
Entity Name <b>CAMPBELLTON / BROWNTOWN DEVELOPMENT COUNCIL, INC.</b>	

Principal Place of Business <b>P O BOX 336 CAMPBELLTON, FL 32460 32426</b>	Mailing Address <b>P O BOX 336 CAMPBELLTON, FL 32460 32426</b>
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**DO NOT WRITE IN THIS SPACE**



03012006 No Chg-NP CR2E037 (11/05)

4. FEJ Number <b>59-3648663</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WESLEY, TONY 5818 HWY 231 N CAMPBELLTON, FL 32426</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, DEXTER P.O. BOX 158 CAMPBELLTON, FL 32426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, FOY L P O BOX 112 CAMPBELLTON, FD 32426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, JAMES P O BOX 88 CAMPBELLTON, FL 32426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESLEY, TONY 5818 HWY 231 N CAMPBELLTON, FL 32426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOKER, JOHN O PO BOX 332 CAMPBELLTON, FL 32426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> <u><i>J. O. Booker</i></u> <u>Secretary</u> <u>5 May 06</u>	Date	Daytime Phone #
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