

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90019 025 \*\*\*\*61.25

**DOCUMENT # N03000000746**

**1. Entity Name**  
**CAMPBELL FAMILY REUNION, INC.**



**Principal Place of Business**  
**RT 4, BOX 3300**  
**MADISON, FL 32340**

**Mailing Address**  
**RT 4, BOX 3300**  
**MADISON, FL 32340**

**54008676**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004

Chg-NP

CR2E037 (10/03)

**4. FEI Number**

Applied For

☒ Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CAMPBELL, EDWARD**  
**RT 4, BOX 3300**  
**MADISON, FL 32340**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2004**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** D ☐ Delete  
**NAME** JOHNSON, CAROLYN  
**STREET ADDRESS** 3014 BAY CT AVE  
**CITY-ST-ZIP** TAMPA, FL 336111604

**TITLE** P/D ☒ Change ☐ Addition  
**NAME** Johnson, Carolyn  
**STREET ADDRESS** 3014 Bay Court Avenue  
**CITY-ST-ZIP** Tampa, Florida 33611 1604

**TITLE** D ☐ Delete  
**NAME** CAMPBELL, RICHARD  
**STREET ADDRESS** 858 KINGSWAY RD  
**CITY-ST-ZIP** TALLAHASSEE, FL 32301

**TITLE** V/D ☒ Change ☐ Addition  
**NAME** Campbell, Richard  
**STREET ADDRESS** 858 Kingsway Road  
**CITY-ST-ZIP** Tallahassee, Florida 32301

**TITLE** D ☐ Delete  
**NAME** CAMPBELL, MELBA  
**STREET ADDRESS** 6065 21 ST SW  
**CITY-ST-ZIP** VERO BEACH, FL 329689427

**TITLE** S/D ☒ Change ☐ Addition  
**NAME** Campbell, Melba  
**STREET ADDRESS** 6065 21st Street SW  
**CITY-ST-ZIP** Vero Beach, Florida 32968 9427

**TITLE** D ☒ Delete  
**NAME** AMAN, EDWIN  
**STREET ADDRESS** RT 1, BOX 125  
**CITY-ST-ZIP** GAINESVILLE, FL 32331

**TITLE** T/D ☒ Change ☒ Addition  
**NAME** Coker, Sheila  
**STREET ADDRESS** 1924 Gamewell Road  
**CITY-ST-ZIP** Jacksonville, Florida 32211

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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: CAROLYN JOHNSON - President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-12-04 (813)839-4137**

Date

Daytime Phone #