


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90026 036 ****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
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40010265



2. Principal Place of Business 389 SW Anderson Pond Way	3. Mailing Address 389 SW Anderson Pond Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Madison, Florida	City & State Madison, Florida
Zip 32340	Country Madison

01072005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent CAMPBELL, EDWARD RT 4, BOX 3300 MADISON, FL 32340	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number Is Not Acceptable) 389 SW Anderson Pond Way	
City Madison	Zip Code FL 32340

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 \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JOHNSON, CAROLYN 3014 BAY CT AVE TAMPA, FL 336111604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CAMPBELL, RICHARD 858 KINGSWAY RD TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CAMPBELL, MELBA 6065 21 ST SW VERO BEACH, FL 329689427 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D COKER, SHEILA 1924 GAMEWELL ROAD JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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
CAROLYN JOHNSON President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date January 18, 2005 Daytime Phone # _____