

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90087 046 \*\*\*\*61.25

<b>DOCUMENT # N03000000746</b>					
<b>1. Entity Name</b> CAMPBELL FAMILY REUNION, INC.					
<b>Principal Place of Business</b> 389 SW ANDERSON POND WAY MADISON, FL 32340			<b>Mailing Address</b> 389 SW ANDERSON POND WAY MADISON, FL 32340		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052006    Chg-NP    CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> NOT APPLICABLE	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CAMPBELL, EDWARD 389 SW ANDERSON POND WAY MADISON, FL 32340			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE <u>Melba Campbell</u> <i>Error</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3/13/06</u> <i>Error</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P/D <b>NAME</b> JOHNSON, CAROLYN <b>STREET ADDRESS</b> 3014 BAY CT AVE <b>CITY-ST-ZIP</b> TAMPA, FL 336111604	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P/D <b>NAME</b> CAMPBELL, MELBA <b>STREET ADDRESS</b> 6065 21st STREET SW <b>CITY-ST-ZIP</b> VERO BEACH, FL 32968*94272	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V/D <b>NAME</b> CAMPBELL, RICHARD <b>STREET ADDRESS</b> 858 KINGSWAY RD <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> V/D <b>NAME</b> VICKY AMAN <b>STREET ADDRESS</b> 2059 Huntington Ave. #705 <b>CITY-ST-ZIP</b> Alexandria, VA 22303 1602	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S/D <b>NAME</b> CAMPBELL, MELBA <b>STREET ADDRESS</b> 6065 21 ST SW <b>CITY-ST-ZIP</b> VERO BEACH, FL 329689427	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> SLEETH, CATHY <b>STREET ADDRESS</b> 5411 Warhol Court <b>CITY-ST-ZIP</b> Tallahassee, FL 32317	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T/D <b>NAME</b> COKER, SHEILA <b>STREET ADDRESS</b> 1924 GAMEWELL ROAD <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <u>Melba Campbell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/13/06</u> Daytime Phone # <u>772-778-1023</u>		