


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000000746 1. Entity Name CAMPBELL FAMILY REUNION, INC.	
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Principal Place of Business 389 SW ANDERSON POND WAY MADISON, FL 32340	Mailing Address 389 SW ANDERSON POND WAY MADISON, FL 32340
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01292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 CAMPBELL, EDWARD 389 SW ANDERSON POND WAY MADISON, FL 32340	DO NOT WRITE IN THIS SPACE
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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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CAMPBELL, MELBA 6065 21ST STREET VERO BEACH, FL 329689427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D AMAN, VICKY 2059 HUNTINGTON AVE #705 ALEXANDRIA, VA 22303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SLEETH, CATHY 5411 WARHOL CT TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D COKER, SHEILA 1924 GAMEWELL ROAD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000650276
03/08/07-80005-006 61.25

**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.

SIGNATURE: *Sheila L. Coker* **Sheila L. Coker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2007

Date

904-313-7953

Daytime Phone #