

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000746

FILED
Jan 12, 2009
Secretary of State

Entity Name: CAMPBELL FAMILY REUNION, INC.

Current Principal Place of Business:

389 SW ANDERSON POND WAY
MADISON, FL 32340

New Principal Place of Business:

3014 W. BAY COURT AVE
TAMPA, FL 33611

Current Mailing Address:

389 SW ANDERSON POND WAY
MADISON, FL 32340

New Mailing Address:

3014 W. BAY COURT AVE
TAMPA, FL 33611

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, EDWARD
389 SW ANDERSON POND WAY
MADISON, FL 32340 US

Name and Address of New Registered Agent:

JOHNSON, CAROLYN L MRS
3014 W. BAY COURT AVE
TAMPA, FL 33611 US

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.

SIGNATURE: CAROLYN L JOHNSON

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEBB, SONYA
Address: 9676 S. COUNTY ROAD 5 3
City-St-Zip: MADISON, FL 32340

Title: V/D () Delete
Name: AMAN, VICKY
Address: 2059 HUNTINGTON AVE #705
City-St-Zip: ALEXANDRIA, VA 22303

Title: S/D () Delete
Name: SLEETH, CATHY
Address: 5411 WARHOL CT
City-St-Zip: TALLAHASSEE, FL 32317

Title: T/D () Delete
Name: COKER, SHEILA
Address: 1924 GAMEWELL ROAD
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JOHNSON, CAROLYN L MRS
Address: 3014 W. BAY COURT AVE
City-St-Zip: TAMPA, FL 33611

Title: V/P (X) Change () Addition
Name: AMAN, VICKY
Address: 2059 HUNTINGTON AVE #705
City-St-Zip: ALEXANDRIA, VA 22303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN L JOHNSON

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date