

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Jan 05, 2010  
Secretary of State

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

**Current Principal Place of Business:**

3014 W. BAY COURT AVE  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

3014 W. BAY COURT AVE  
TAMPA, FL 33611

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: RAU, PENNY L MRS  
Address: 45128 WARRIOR DR  
City-St-Zip: CALLAHAN, FL 32011

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

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

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

Title: DIR  
Name: JOHNSON, CAROLYN L MRS  
Address: 3014 W. BAY COURT AVE  
City-St-Zip: TAMPA, FL 33611

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN L JOHNSON

DIR

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date