

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # N04000011325

1. Entity Name
GORDON AND PATRICIA CAMPBELL FOUNDATION, INC.



Principal Place of Business
**1275 PINELLAS BAYWAY SUITE 200
TIERRA VERDE, FL 33715**

Mailing Address
**1275 PINELLAS BAYWAY SUITE 200
TIERRA VERDE, FL 33715**



02162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2326988

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRANT, ABRAHAM, REITER, ET AL, P.A.
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 PD
NAME CAMPBELL, GORDON W
STREET ADDRESS 1275 PINELLAS BAYWAY SUITE 200
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE VSD
NAME CAMPBELL, PATRICIA M
STREET ADDRESS 1275 PINELLAS BAYWAY SUITE 200
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE TD
NAME VANNOY, ELIZABETH C
STREET ADDRESS 1275 PINELLAS BAYWAY SUITE 200
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE
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U000000651787
03/09/07-80021-025 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-7 Date

727 895 8658 Daytime Phone #