



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90081 013 \*\*\*\*61.25

<b>DOCUMENT # N04000011364</b> 1. Entity Name <b>CAMPBELL CENTER FOUNDATION, INC.</b>					
Principal Place of Business <b>1236 LOCKSLEY LANE</b> <b>ST. AUGUSTINE, FL 32095</b>			Mailing Address <b>1236 LOCKSLEY LANE</b> <b>ST. AUGUSTINE, FL 32095</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>40053214</b> 	
City & State		City & State		04162006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>20-1853170</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CAMPBELL, PHILLIP H</b> <b>10470 SOUTHWEST 123RD COURT</b> <b>MIAMI, FL 33186</b>			7. Name and Address of New Registered Agent  Name <b>(same)</b> Street Address (P.O. Box Number is Not Acceptable) <b>1236 LOCKSLEY LANE</b>  City <b>ST. AUGUSTINE</b> FL Zip Code <b>32095</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.					
SIGNATURE <u><i>Phillip H Campbell</i></u> <span style="float: right;">4/16/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CAMPBELL, PHILLIP H 10470 SOUTHWEST 123RD COURT MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1236 LOCKSLEY LANE ST. AUGUSTINE, FL 32095	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, PAUL H 10470 SOUTHWEST 123RD COURT MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13-1342 MALAMA ST. PAHOA, HI 96778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYER, CECELIA P 10470 SOUTHWEST 123RD COURT MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2211 MCKINLEY ST. N. HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, HOLLIS M 10470 SOUTHWEST 123RD COURT MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1236 LOCKSLEY LANE ST. AUGUSTINE, FL 32095	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, CHRISTOPHER 10470 SOUTHWEST 123RD COURT MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2966 MYRTLE OAK CIR DAVIE, FL 33328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Phillip H Campbell</i></u> <span style="float: right;">4/16/06 904-810-2131</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					