


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N04000011364					
1. Entity Name CAMPBELL CENTER FOUNDATION, INC.					
Principal Place of Business 1236 LOCKSLEY LANE ST. AUGUSTINE, FL 32095		Mailing Address 1236 LOCKSLEY LANE ST. AUGUSTINE, FL 32095			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
				4. FEI Number 20-1853170	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, PHILLIP H 40470 SOUTHWEST 123RD COURT MIAMI, FL 33186			Name (same) Street Address (P.O. Box Number is Not Acceptable) 1236 LOCKSLEY LANE City ST. AUGUSTINE FL Zip Code 32095		
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: <i>Phillip H Campbell</i>		(NOTE: Registered Agent signature required when reinstating)		DATE: 4/16/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPBELL, PHILLIP H	NAME	1236 LOCKSLEY LANE		
STREET ADDRESS	10470 SOUTHWEST 123RD COURT	STREET ADDRESS	ST. AUGUSTINE, FL 32095		
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPBELL, PAUL H	NAME	13-1342 MALAMA ST.		
STREET ADDRESS	10470 SOUTHWEST 123RD COURT	STREET ADDRESS	PAHOA, HI 96778		
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEYER, CECELIA P	NAME	2211 MCKINLEY ST. N.		
STREET ADDRESS	10470 SOUTHWEST 123RD COURT	STREET ADDRESS	HOLLYWOOD, FL 33020		
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPBELL, HOLLIS M	NAME	1236 LOCKSLEY LANE		
STREET ADDRESS	10470 SOUTHWEST 123RD COURT	STREET ADDRESS	ST. AUGUSTINE, FL 32095		
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPBELL, CHRISTOPHER	NAME	2966 MYRTLE OAK CIR		
STREET ADDRESS	10470 SOUTHWEST 123RD COURT	STREET ADDRESS	DAVIE, FL 33328		
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Phillip H Campbell</i>		Date: 4/16/06		Daytime Phone #: 904-810-2131	
PHILLIP H. CAMPBELL					

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04162006 Chg-NP CR2E037 (11/05)