

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011364

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: CAMPBELL CENTER FOUNDATION, INC.

## Current Principal Place of Business:

1236 LOCKSLEY LANE  
PONTE VEDRA, FL 32081

## New Principal Place of Business:

## Current Mailing Address:

1236 LOCKSLEY LANE  
PONTE VEDRA, FL 32081

## New Mailing Address:

FEI Number: 20-1853170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPBELL, PHILLIP H  
1236 LOCKSLEY LN  
PONTE VEDRA, FL 32081 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: DPST ( ) Delete  
Name: CAMPBELL, PHILLIP H  
Address: 1236 LOCKSLEY ST  
City-St-Zip: PONTE VEDRA, FL 32081

Title: D ( ) Delete  
Name: CAMPBELL, PAUL H  
Address: 13-1342 MALAMA ST  
City-St-Zip: PAHOA, HI 96778

Title: D ( ) Delete  
Name: BEYER, CECELIA P  
Address: 2211 MCKINLEY ST N  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: CAMPBELL, HOLLIS M  
Address: 1236 LOCKSLEY LN  
City-St-Zip: PONTE VEDRA, FL 32081

Title: D ( ) Delete  
Name: CAMPBELL, CHRISTOPHER  
Address: 2966 MYRTLE OAK CIRCLE  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: CAMPBELL, PHILLIP H  
Address: 1236 LOCKSLEY LN  
City-St-Zip: PONTE VEDRA, FL 32081

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

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

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: PHILLIP H CAMPBELL

PRES

04/21/2008

Electronic Signature of Signing Officer or Director

Date