

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011364

FILED
Apr 26, 2009
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 LN
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: () 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:

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

DIRE

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date