


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 CORPORATION ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # NO 5000006806					
1. Corporation Name Campbell Street High School Class of '54, Inc					
2. Principal Office Address - No P.O. Box # 218 Lockhart St Daytona			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Daytona Beach, FL			City & State		
Zip 32114	Country Volusia	Zip	Country		
7. Name and Address of Current Registered Agent MYRTICE B. BRYANT Street Address (P.O. Box Number is Not Acceptable) 218 Lockhart Street Suite, Apt. #, Etc. City: Daytona Beach State: FL Zip Code: 32114					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent: Myrtice B. Bryant Date: Aug. 12, 2008 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Aaron Pompey	223 Graham St		Daytona Beach, FL 32114	
S	Jeanette Perry	847 Bershire Rd.		Daytona Beach, FL 32114	
T	Clealicia J. Williams	218 Lockhart St.		Daytona Beach, FL 32114	
FS	MYRTICE B. BRYANT	347 PLEASANT ST.		DAYTONA Bch. FL, 32114	
500135281255 09/03/08-01005-0118 **\$1.25					
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: Myrtice B. Bryant		08/12/08		(386)253-514	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILED

08 AUG 27 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 7-1-08

5. FEI Number ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

KS