


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90028 015 \*\*\*\*61.25

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # N05000012205</b>  |  |   |   |    |  |
| 1. Entity Name<br><b>CAMPBELL-HARMONY BAPTIST CEMETERY ASSOCIATION, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>389 SW ANDERSON POND WAY<br/>MADISON, FL 32340</b>  |  |   | Mailing Address<br><b>389 SW ANDERSON POND WAY<br/>MADISON, FL 32340</b>  |   |  |
| 2. Principal Place of Business  |  |   | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |  |   | Suite, Apt. #, etc.   |   |  |
| City & State  |  |   | City & State  |   |  |
| Zip   | Country  | Zip   | Country   | 4. FEI Number<br><b>FEIN 02-0763621</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>CAMPBELL, EDWARD<br/>389 SW ANDERSON POND WAY<br/>MADISON, FL 32340</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
| 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____  |  |   |   |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   | Make check payable to<br>Florida Department of State  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | D<br>CAMPBELL, RICHARD<br>585 KINGSWAY RD<br>TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | P<br>EDWARD CAMPBELL<br>389 SW Anderson Pond Way<br>Madison, FL 32340 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | D<br>SPRADLEY, W J JR<br>5354 FIRST FEDERAL RD<br>GREENVILLE, FL 32331 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | V<br>Gregg Campbell<br>28 Campbell Road<br>Lamont, FL 32336 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | D<br>RAU, ROBERT W<br>45128 WARRIOR DR<br>CALLAHAN, FL 32011 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | S<br>Barbara Jesonek<br>14059 Grover Road<br>Jacksonville, FL 32226-1947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | T<br>Carolyn Johnson<br>3014 Bay Court Avenue<br>Tampa, FL 33611-1604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 817, 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 empowerments. |  |   |   |   |  |
| SIGNATURE: <u>Edward Campbell</u> President   |  | 2-15-06 (850)973-2243   |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |   |   |  |

66006412



02052006 Chg-NP CR2E037 (11/05)



ATTACHMENT  
66006412

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

CAMPBELL-HARMONY BAPTIST CEMETERY ASSOCIATION, INC.  
389 SW ANDERSON POND WAY  
MADISON, FL 32340

Subject: **CAMPBELL-HARMONY BAPTIST CEMETERY ASSOCIATION, INC.**

Reference Number: **N05000012205**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION