2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Feb 01, 2007 8:00 am Secretary of State

DOCUMENT # N05000012205 1. Entity Name CAMPBELL-HARMONY BAPTIST CEMETERY ASSOCIATION, INC.						90029 002 **	***61.2	15
Principal Place of Business 389 SW ANDERSON POND WAY MADISON, FL 32340		Mailing Address 389 SW ANDERSON POND WAY MADISON, FL 32340			M	cte estet fires cens ch	iti Prin i A lli	H a i bi 1891
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			161 SMI SOM SOM SO	### ## ###############################		121 64 1651
					Chg-NP	CR2E037 (1		
City & State		City & State		4. FEI Number 02-07636	521			plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of	Status Desired		. 75 Addi Required	
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New F	Registered Agen	nt	
CAMPBELL, EDWARD			Name					
389 SW ANDERSON POND WAY MADISON, FL 32340			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
			City				Zip Code	
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	named entity submits this statement to ions of registered agent.	r the purpose of changing its f	registered office or	registered agent, or both,	in the State of Fi	orida. ≀am tamii	oar with, a	ало ассері
SIGNATURE .		······				·		
	Signature, lyped or printed name of registered agent	and title if applicable (NOTE	Registered Agent signatu	ro required whon reinstating)		DATE		
	Signature, typed or primed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007		npaign Financing	\$5.00 May Se Added to Fees	1	DATE Nake check par rida Departme	-	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIE	9. Election Cam Frust Fund C	npaign Financing	\$5.00 May Be	Flo	flake check parida Departme	nt of Sta	ate 10
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12. Thereby 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 indicated 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 trestee empowered to effect 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 attaching an oddress, with it of the like empowered.

SIGNATURE: