2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000012205

1. Entity Name
CAMPBELL-HARMONY BAPTIST CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
389 SW ANDERSON POND WAY MADISON, FL 32340	389 SW ANDERSON POND WAY MADISON, FL 32340

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01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
02-0763621
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, EDWARD
389 SW ANDERSON POND WAY
MADISON, FL 32340

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000864893
04/07/08-80005-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAMPBELL, RICHARD
STREET ADDRESS	585 KINGSWAY RD
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	SPRADLEY, W J JR
STREET ADDRESS	5354 FIRST FEDERAL RD
CITY-ST-ZIP	GREENVILLE, FL 32331
TITLE	D
NAME	RAU, ROBERT W
STREET ADDRESS	45128 WARRIOR DR
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	P
NAME	CAMPBELL, EDWARD
STREET ADDRESS	389 SW ANDERSON POND WAY
CITY-ST-ZIP	MADISON, FL 32340
TITLE	V
NAME	WEBB, AMY
STREET ADDRESS	1755 B POPLAR STREET
CITY-ST-ZIP	VALDOSTA, GA 31601
TITLE	S
NAME	JESONEK, BARBARA
STREET ADDRESS	14059 GROVER ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 322261947

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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 617, 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 empowered.

SIGNATURE: Edward Campbell EDWARD CAMPBELL - PRESIDENT 3/14/08 850 973 2243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #