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FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000351 (4)

1. Corporation Name

CAMPBELL FOUNDATION, INC.

Principal Place of Business

1796 WALDEN POND DRIVE
FT. PIERCE FL 34945

Mailing Address

1796 WALDEN POND DRIVE
FT. PIERCE FL 34945-24183. Date Incorporated or Qualified
01/17/1996

3a. Date of Last Report

12-31-96

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

05-0437798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, JANE L. Pres/D
1796 WALDEN POND DRIVE
FT. PIERCE FL 34945

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME Jane L. Campbell P.D.
STREET ADDRESS 1796 Walden Pond Dr.
CITY-ST-ZIP Ft. Pierce, Fl. 34945☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPDr. Claude B. Henissson, V.P.
119 Rue Pierre Pinchinat
St. Marc Haiti W.I.☐ Change☒ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPMary Ellen Sacchetti, Sec.
117A White Street
Eatontown, N.J., 07724☐ Change☒ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP800002096358
-02/25/97--01034--021
***61.25☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP800002096358
-02/25/97--01034--022
***8.75☐ Change☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072335

CR2E037 (9/96)

vB 224

561-489-5303
January 23, 1997