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FILED Jun 02, 1999 8:00 am Secretary of State

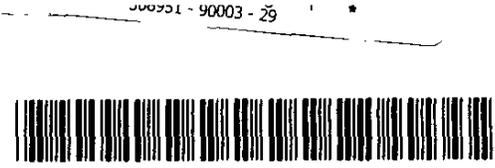
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NONPROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000000351
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



2. Principal Place of Business 21, 2a. Mailing Address 26, 3. Date Incorporated or Qualified 01/17/1996, 4. FEI Number 65-0637798, 5. Certificate of Status Desired \$8.75 Additional Fee Required, 6. Election Campaign Financing \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CAMPBELL, JANE L 1796 WALDEN POND DRIVE FT. PIERCE FL 34945
10. Name and Address of New Registered Agent 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code FL

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include Jane L Campbell, Claude B Nherisson, Mary E Sacchetti, and Gene Elwell.

14. I 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, with all other like empowered.

SIGNATURE: Jane L Campbell, Pres Date: May 1, 1999 Daytime Phone #: (phone/fax) 561-4895303

CR2E037 (1/98)