


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000351	
1. Entity 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
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04282006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0637798	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CAMPBELL, JANE L 1796 WALDEN POND DRIVE FT. PIERCE, FL 34945

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, JANE L 1796 WALDEN POND DRIVE FT. PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANTAUE, DR. JULES LA SCIERIC #60 ST. MARC HAITI, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NHERISSON, J. WILBUR 68 LIGHT GUARD DR. MEDFORD, MA 02155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/06-80058-009 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Jane L. Campbell, Pres. April 29, 2006 772-489-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 5303