

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000351

FILED  
Sep 01, 2009  
Secretary of State

**Entity Name:** CAMPBELL FOUNDATION, INC.

**Current Principal Place of Business:**

1796 WALDEN POND DRIVE  
FT. PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

1796 WALDEN POND DRIVE  
FT. PIERCE, FL 34945

**New Mailing Address:**

FEI Number: 65-0637798      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CAMPBELL, JANE L  
1796 WALDEN POND DRIVE  
FT. PIERCE, FL 34945      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CAMPBELL, JANE L  
Address: 1796 WALDEN POND DRIVE  
City-St-Zip: FT. PIERCE, FL 34945

Title: VD      ( ) Delete  
Name: CANTAUE, DR. JULES  
Address: LA SCIERIC #60  
City-St-Zip: ST. MARC HAITI, WI

Title: SD      ( ) Delete  
Name: NHERISSON, J. WILBUR  
Address: 68 LIGHT GUARD DR.  
City-St-Zip: MEDFORD, MA 02155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD      (X) Change ( ) Addition  
Name: DUPERIER, LUCIEN  
Address: 276 BROADWAY  
City-St-Zip: CHELSEA, MA 02150 US

Title: SD      (X) Change ( ) Addition  
Name: NHERISSON, JEAN-ROBERT  
Address: 4 DUMA RD  
City-St-Zip: METHUEN, MA 01844

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE L CAMPBELL

PD

09/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date