

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000001558

1. Entity Name
**THE EDMUND AND ELIZABETH CAMPBELL
FOUNDATION, INC.**



Principal Place of Business
951 INLET CIRCLE ROAD
VENICE, FL 34285

Mailing Address
951 INLET CIRCLE ROAD
VENICE, FL 34285



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
85-0753913

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, EDMUND B JR.
951 INLET CIRCLE ROAD
VENICE, FL 34285

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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)

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

DATE
01/11/06-80067-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	CPTD
NAME	CAMPBELL, EDMUND B JR
STREET ADDRESS	951 INLET CIRCLE RD
CITY-ST-ZIP	VENICE, FL 34285
TITLE	VSD
NAME	CAMPBELL, ELIZABETH M
STREET ADDRESS	951 INLET CIRCLE ROAD
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	MCCULLOUGH, HEATHER R
STREET ADDRESS	710 ARMADA
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	CAMPBELL, EDMUND B
STREET ADDRESS	442 WESTGATE DR
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edmund B. Campbell, Jr

Jan 6, 2006

(941) 485-6484

Date

Daytime Phone #