


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000001558</b> 1. Entity Name <b>THE EDMUND AND ELIZABETH CAMPBELL FOUNDATION, INC.</b>	
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Principal Place of Business <b>951 INLET CIRCLE ROAD VENICE, FL 34285</b>	Mailing Address <b>951 INLET CIRCLE ROAD VENICE, FL 34285</b>
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02012007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0753913</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000623999 02/14/07-80013-012 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPTD CAMPBELL, EDMUND B JR 951 INLET CIRCLE RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAMPBELL, ELIZABETH M 951 INLET CIRCLE ROAD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, HEATHER R 710 ARMADA VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, EDMUND B 442 WESTGATE DR 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** *Edmund B. Campbell Jr* **EDMUND B. CAMPBELL, JR** *2/2/07* *(941) 485-6484*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #