


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 A**  
**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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01072008 No Chg-NP CR2E037 (4/06)

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

<b>6. Name and Address of Current Registered Agent</b>  <b>CAMPBELL, EDMUND B JR. 951 INLET CIRCLE ROAD VENICE, FL 34285</b>
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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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000778739 01/11/08-80009-012 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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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** 01/07/08 941-485-6484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #