

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006509

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC5619975090**

**Entity Name:** THE JOHN AND SUZANNE CAMPION FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2823 ST. JOHNS BLUFF RD. SOUTH  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

2823 ST. JOHNS BLUFF RD. SOUTH  
JACKSONVILLE, FL 32246

**FEI Number:** 47-1395895

**Certificate of Status Desired:** No

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

UDELL, ROB  
2823 ST. JOHNS BLUFF ROAD NORTH  
JACKSONVILLE, FL 32246 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

**Officer/Director Detail :**

Title	D	Title	D
Name	CAMPION, JOHN J	Name	CAMPION, SUZANNE
Address	2823 ST. JOHNS BLUFF RD SOUTH	Address	2823 ST. JOHNS BLUFF RD SOUTH
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246

Title D  
 Name UDELL, ROB  
 Address 2823 ST. JOHNS BLUFF RD SOUTH  
 City-State-Zip: JACKSONVILLE FL 32246

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROB UDELL

D

01/11/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date