2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2008
Secretary of State

DOCUMENT# N97000003851

Entity Name: CAMP ECCLESIA, INC.

Current Principal Place of Business:

6380 CRACKER SWAMP ROAD
HASTINGS, FL 32145

New Principal Place of Business:

6380 CRACKER SWAMP ROAD
HASTINGS, FL 32084

Current Mailing Address:

P. O. BOX 1373
HASTINGS, FL 32145 US

New Mailing Address:

22 RIVER RD
ST. AUGUSTINE, FL 32084 US

FEI Number: 59-3457517 **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:

KELLY, CARLA A VD
22 RIVER RD
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: KELLY, CHARLES W SR
Address: 6380 CRACKER SWAMP ROAD
City-St-Zip: HASTINGS, FL 32145

Title: VD ( ) Delete
Name: KELLY, JEANETTE A
Address: 6380 CRACKER SWAMP ROAD
City-St-Zip: HASTINGS, FL 32145

Title: STD ( ) Delete
Name: KELLY, CARLA A
Address: 6380 CRACKER SWAMP ROAD
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: KELLY, CARLA A
Address: 22 RIVER RD
City-St-Zip: ST. AUGUSTINE, FL 32084

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: CARLA KELLY STD 09/23/2008
Electronic Signature of Signing Officer or Director Date