


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90020 039 ****61.25

DOCUMENT # 748283		
1. Entity Name BLUFF SPRINGS CAMPGROUNDS, INCORPORATED		

Principal Place of Business 1300 LIAHONA TRAIL MCDAVID, FL 32568 US	Mailing Address 1300 LIAHONA TRAIL MC DAVID, FL 32568 US
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2. Principal Place of Business - No P.O. Box # 1300 LIAHONA TRAIL	3. Mailing Address P.O. Box 4654
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MCDAVID, FL	City & State MILTON, FL
Zip 32568	Zip 32572
Country US	Country US

60024062



04112008 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LISENBY, DEBBIE 1300 LIAHONA TRAIL MC DAVID, FL 32568	
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7. Name and Address of New Registered Agent Name DON HENDERSON Street Address (P.O. Box Number is Not Acceptable) 5288 GOSHAWK DR City MILTON FL Zip Code 32570	
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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 <i>Don Henderson - Treas.</i>	DATE 4/14/2008
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, JOHN P.O. BOX 182 ESCATAWPA, MS 39552 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAKE, ROBERT 9535 INDIAN BLUFF RESORT LANE YOUNGSTOWN, FL 32466 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTER, KEN 3381 SUGARTREE DR. PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, STANCIL 1153 NAVCO ROAD MOBILE, AL 36605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEAZEY, STEVEN 1001 W WALNUT INDEPENDENCE, MO 640503562 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAKE, ROBERT 9535 INDIAN BLUFF RESORT LANE YOUNGSTOWN, FL 32466 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENDERSON, DON 5288 GOSHAWK DR MILTON, FL 32570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Don Henderson - Don Henderson</i>	DATE: 4/14/2008	DAYTIME PHONE #: (850) 623-1539
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		