

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008797

FILED
Apr 02, 2009
Secretary of State

Entity Name: CAMPSITE MINISTRIES, INC.

Current Principal Place of Business:

10351 HUDSON AVENUE
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5587
HUDSON, FL 34674

New Mailing Address:

FEI Number: 23-7378219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAYERS, JAMES
10351 HUDSON AVENUE
HUDSON, FL 34669 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: D () Delete
Name: SAYERS, JAMES
Address: 10351 HUDSON AVENUE
City-St-Zip: HUDSON, FL 34669

Title: CD () Delete
Name: LONG, JACK DR.
Address: 11133 EAGLE BEND DR
City-St-Zip: HUDSON, FL 34667

Title: S () Delete
Name: WILLIS, RAYMOND H
Address: 1410 MARINER BOULEVARD
City-St-Zip: SPRING HILL, FL 34609

Title: T () Delete
Name: SAWATSKY, CHARLES
Address: 7215 GORDON DR
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: DANLEY, WES
Address: 4530 LANTERN CT N.W.
City-St-Zip: COMSTOCK PARK, MI 49321

Title: D () Delete
Name: MILLER, LONNIE
Address: 6650 SAN MARCO DRIVE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: JAMES SAYERS

D

04/02/2009

Electronic Signature of Signing Officer or Director

Date