

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008797

FILED  
Jan 05, 2012  
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  
Name: SAYERS, JAMES  
Address: 10351 HUDSON AVENUE  
City-St-Zip: HUDSON, FL 34669

Title: D  
Name: GUNN, ROBERT  
Address: 13937 ETHEL AVE  
City-St-Zip: HUDSON, FL 34667

Title: D  
Name: CHAMBLEE, RICHARD  
Address: 3415 CRAPE MYRTLE DR  
City-St-Zip: SPRING HILL, FL 34607

Title: T  
Name: SAWATSKY, CHARLES  
Address: 6432 JUNIPER RD  
City-St-Zip: PORT RICHEY, FL 34668

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

Title: S  
Name: MILLER, LONNIE  
Address: 6650 SAN MARCO DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

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: JAMES SAYERS

D

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date