2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000008797

RT FILED Jun 07, 2012 Secretary of State

New Principal Place of Business:

Entity Name: CAMPSITE MINISTRIES, INC.

Current Principal Place of Business:

10351 HUDSON AVENUE HUDSON, FL 34669

Current Mailing Address: New Mailing Address:

P.O. BOX 5587 HUDSON, FL 34674

FEI Number: 23-7378219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SAYERS, JAMES

10351 HUDSON AVENUE

HUDSON, FL 34669 US

JOHN, JOE DR.

3046 BIRKDALE DR.

HOLIDAY, FL 34690 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: DR. JOE JOHN 06/07/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: JOHN, JOE DR.
Address: 3046 BIRKDALE DR.
City-St-Zip: HOLIDAY, FL 34690

Title: F

 Name:
 DANLEY, WESLEY

 Address:
 4530 LANTERN CT. N.W.

 City-St-Zip:
 COMSTOCK PARK, MI 49321

Title: V

Name: MILLER, LONNIE
Address: 6650 SAN MARCO DR.
City-St-Zip: PORT RICHEY, FL 34668

Title:

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

Title:

Name: WILLIS, RAYMOND REV. Address: 8108 TOUCAN TRAIL City-St-Zip: SPRING HILL, FL 34606

Title: TR

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

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: DR. JOE JOHN D 06/07/2012