

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90293 003 \*\*\*\*61.25

<b>DOCUMENT # N04000010850</b> 1. Entity Name <b>CAMPSITE EVANGELISM, INC.</b>					
Principal Place of Business <b>10351 HUDSON AVE HUDSON, FL 34669-1044</b>			Mailing Address <b>PO BOX 5587 HUDSON, FL 34674</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SAYERS, JAMES</b> <b>10351 HUDSON AVE</b> <b>HUDSON, FL 34669-1044</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____	
				FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAYERS, JAMES		NAME		
STREET ADDRESS	10351 HUDSON AVE		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 346691044		CITY-ST-ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELLERS, RON		NAME		
STREET ADDRESS	644 E SNOWS LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	FENWICK, MI 48834		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, LONNIE		NAME		
STREET ADDRESS	6650 SAN MARCO DR		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	CD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAMMAU, CLAIR		NAME		
STREET ADDRESS	1311 SCHWANGER RD		STREET ADDRESS		
CITY-ST-ZIP	MT JOY, PA 17552		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIS, RAYMOND		NAME		
STREET ADDRESS	1410 MARINER BLVD		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>James M. Sayers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4/14/05</i> <small>Date</small>		<i>722 869 1389</i> <small>Daytime Phone #</small>