## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010850

Entity Name: CAMPSITE EVANGELISM, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business: 10351 HUDSON AVE			New Princ	New Principal Place of Business:		
HUDSON, FL 346691044						
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 5587 HUDSON, FL 34674						
FEI Number: 23-7378219 FEI Number Applied For ( ) FEI Nu			lumber Not Appl	licable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SAYERS, JAMES 10351 HUDSON AVE HUDSON, FL 346691044 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:						
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ()[ SAYERS, JAMES 10351 HUDSON, HUDSON, FL 34	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () E LONG, JACK DR 11133 EAGLE BI HUDSON, FL 34	END DR	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition WILLIS, RAYMOND H 1410 MARINER BLVD SPRING HILL, FL 34609		
Title: Name: Address: City-St-Zip:	T ()[ MILLER, LONNIE 6650 SAN MARC PORT RICHEY, F	O DR	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition SAWATSKY, CHARLES 7215 GORDON DR PORT RICHEY, FL 34668		
Title: Name: Address: City-St-Zip:	CD ()[ MAMMAU, CLAIR 1311 SCHWANG MT JOY, PA 175	ER RD	Title: Name: Address: City-St-Zip:	CD (X) Change ( ) Addition LONG, JACK DR. 11133 EAGLE BEND DR HUDSON, FL 34667		
Title: Name: Address: City-St-Zip:	D () [ WILLIS, RAYMO 1410 MARINER E SPRING HILL, FI	BLVD	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MILLER, LONNIE 6650 SAN MARCO DR PORT RICHEY, FL 34668		
Title: Name: Address: City-St-Zip:	D () [ DANLEY, WES 4530 LANTERN ( COMSTOCK PAR		Title: Name: Address: City-St-Zip:	()Change ()Addition		

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 04/24/2008