2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# N06000007119

Entity Name: A.R. CAMPS MINISTRIES, INC.

Current Principal Place of Business:

600 N.W. 80TH BLVD
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1244
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 02-0780041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPS, ARMERDELL R
600 N.W. 80TH BLVD
GAINESVILLE, FL 32607 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: CAMPS, ARMERDELL R
Address: PO BOX 1244
City-St-Zip: GAINESVILLE, FL 32602

Title: D ( ) Delete
Name: CAMPS, CAROLYN S
Address: 3003 N.E. 12TH ST
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete
Name: BELFORD, BEATRICE
Address: PO BOX 223
City-St-Zip: RAIFORD, FL 32083

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:

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: ARMERDELL R. CAMPS D 02/05/2008

Electronic Signature of Signing Officer or Director — Date