


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**

07-10-2008 90015 041 \*\*\*\*70.00

<b>DOCUMENT # N22946</b>	
1. Entity Name <b>PRESBYTERIAN CAMP AND CONFERENCE MINISTRIES OF SOUTHWEST FLORIDA, INC.</b>	

Principal Place of Business <b>1920 STREETMAN DRIVE LITHIA, FL 33547 US</b>	Mailing Address <b>1920 STREETMAN DR. LITHIA, FL 33547 US</b>
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**40110138**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07072008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2861786</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>ORENDORF, MARK N 720 FAIRMONT DRIVE BRANDON, FL 33511</b>		7. Name and Address of New Registered Agent Name <b>John Reiter</b> Street Address (P.O. Box Number is Not Acceptable) <b>1914 Streetman Drive</b> City <b>Lithia</b> FL <b>33547</b>

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 John F. Reiter **John F. Reiter Executive Director** **July 7, 2008**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORENDORF, MARK N 720 FAIRMONT DRIVE BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Reiter, John 1914 Streetman Drive Lithia FL 33547 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANEY, MARTHA 7045 N. TAMiami TRAIL SARASOTA, FL 34234 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gibson, Rachel 2318 Del Webb West Sun City Center, FL 33573 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBSON, RACHEL 2318 DEL WEBB WEST SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Exline, Nancy 4544 Coronado Pkwy Cape Coral, FL 33904 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BULNES, JOSETTE 3006 PEACOCK LANE TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Brown, Doug 433 Park Blvd. Venice, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOURQUE, PATTI 6946 ROSLYN COURT NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mansperger, Mike 7950 S. Tamiami Trail Sarasota, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: John F. Reiter **John F. Reiter** **7/7/2008** **(813) 685-4224 x13**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #