2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000003851

Entity Name: CAMP ECCLESIA, INC.

FILED Aug 20, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6380 CRACKER SWAMP ROAD HASTINGS, FL 32145

Current Mailing Address: New Mailing Address:

P. O. BOX 1373 HASTINGS, FL 32145 US

FEI Number: 59-3457517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

AMERILAWYER CHARTERED KELLY, CARLA A VD

343 ALMERIA AVENUE 22 RIVER RD

CORAL GABLES, FL 33134 US ST. AUGUSTINE, FL 32084 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: CARLA A. KELLY 08/20/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 KELLY, CHARLES W SR
 Name:

 Address:
 6380 CRACKER SWAMP ROAD
 Address:

 City-St-Zip:
 HASTINGS, FL 32145
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

Name: KELLY, JOHN F Name: KELLY, JEANETTE A

Address: 6380 CRACKER SWAMP ROAD Address: 6380 CRACKER SWAMP ROAD

City-St-Zip: HASTINGS, FL 32145 City-St-Zip: HASTINGS, FL 32145

Title: STD () Delete Title: () Change () Addition

 Name:
 KELLY, CARLA A
 Name:

 Address:
 6380 CRACKER SWAMP ROAD
 Address:

 City-St-Zip:
 HASTINGS, FL 32145
 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: CHARLES W. KELLY. SR. PD 08/20/2007