

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 831278 (7)

1. Corporation Name
CAMPUS CRUSADE FOR CHRIST, INC.



Principal Place of Business: **24600 ARROWHEAD SPGS. RD 31-70 BERNARDINO CA 92414 US**
Mailing Address: **24600 ARROWHEAD SPGS RD 31-70 SAN BERNARDINO CA 92414 US**

3. Date Incorporated or Qualified: **11/14/1973**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country
2a. Mailing Address (25) Suite, Apt. #, etc. (26) City & State (27) Zip (28) Country
29 Zip (29) Country (30)

4. FEI Number: **95-6006173** Applied For () Not Applicable ()
5. Certificate of Status Desired: **XX** \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution () \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes () Yes (X) No

9. Name and Address of Current Registered Agent: **WEBB, JOHN 100 SUNPORT LANE ORLANDO FL 32809**
10. Name and Address of New Registered Agent (81) Name (82) Street Address (P.O. Box Number is Not Acceptable) (83) (84) City (85) Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELCHER, ELLIOT S	1.2 NAME	
STREET ADDRESS	ROUTE 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRENT, AL 00000	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKMANN, KENNETH	2.2 NAME	
STREET ADDRESS	100 SUNPORT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL. 32809	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, VONETTE A	3.2 NAME	
STREET ADDRESS	100 SUNPORT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32809	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLASS, STEPHEN B	4.2 NAME	
STREET ADDRESS	100 SUNPORT LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32809	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, WILLIAM	5.2 NAME	
STREET ADDRESS	100 SUNPORT LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL. 32809	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth P. Heckmann* **Kenneth P. Heckmann** 1/29/96 (909)881-7741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)