

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
24600 ARROWHEAD SPGS. RD 24600 ARROWHEAD SPGS RD
31-70 31-70
BERNARDINO CA 92414 SAN BERNARDINO CA 92414-0001
US US

3. Date Incorporated or Qualified 11/14/1973
3a. Date of Last Report 03/26/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	95-6006173	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBB, JOHN
100 SUNPORT LANE
ORLANDO FL 32809

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 1/14/97 881-7741 (909)

CR2E037 (9/96)