

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified  
**11/14/1973**

4. FEI Number  
**95-6006173**

Applied For  
 Not Applicable

2. Principal Place of Business 21 <b>100 SUNPORT LANE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 <b>ORLANDO, FLORIDA</b>	27 City & State
24 Zip <b>32809</b>	25 Country <b>US</b>
29 Zip	30 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  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  
**FL** 85 Zip Code

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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELCHER, ELLIOT S	1.2 NAME	WILLIAM ARMSTRONG
STREET ADDRESS	ROUTE 1	1.3 STREET ADDRESS	1625 BROADWAY, SUITE 780
CITY-ST-ZIP	BRENT, AL 00000	1.4 CITY-ST-ZIP	DENVER, CO 80202
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HECKMANN, KENNETH	2.2 NAME	RONALD BLUE
STREET ADDRESS	100 SUNPORT LANE	2.3 STREET ADDRESS	1100 JOHNSON FERRY RD, N.E.
CITY-ST-ZIP	ORLANDO, FL 32809	2.4 CITY-ST-ZIP	ATLANTA, GA 30342
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGHT, VONETTE A	3.2 NAME	EDWARD AST
STREET ADDRESS	100 SUNPORT LANE	3.3 STREET ADDRESS	1839 W. CULVER ST.
CITY-ST-ZIP	ORLANDO, FL 32809	3.4 CITY-ST-ZIP	PHOENIX, AZ 85007
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLASS, STEPHEN B	4.2 NAME	BRUCE BUNNER
STREET ADDRESS	100 SUNPORT LANE	4.3 STREET ADDRESS	27 CARDINAL LANE
CITY-ST-ZIP	ORLANDO, FL 32809	4.4 CITY-ST-ZIP	WESTON, CT 06883
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGHT, WILLIAM	5.2 NAME	R. BARRY CANNADA
STREET ADDRESS	100 SUNPORT LANE	5.3 STREET ADDRESS	827 PINEHURST PLACE
CITY-ST-ZIP	ORLANDO, FL 32809	5.4 CITY-ST-ZIP	JACKSON, MI 39202
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	EDWARD JOHNSON
STREET ADDRESS		6.3 STREET ADDRESS	653 CHAUCER
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SAN MARINO, CA 91108

14. I 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** (909) 881-7741

CR2E037 (10/97)