

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90111 021 ****70.00

0062328

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 831278

1. Corporation Name
CAMPUS CRUSADE FOR CHRIST, INC.

Principal Place of Business: 100 SUNPORT LANE, ORLANDO FL 32809 US
 Mailing Address: 24600 ARROWHEAD SPGS RD, 31-70, SAN BERNARDINO CA 92414 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/14/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		95-6006173	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		29		30	

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 - Judy Cummins		
				82	Street Address (P.O./Box Number is Not Acceptable) 100 Sunport Lane		
				83			
				84	City Orlando	FL	85

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: *Judy Cummins* DATE: 2/24/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	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	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	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	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	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	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, WILLIAM	6.2 NAME	
STREET ADDRESS	1625 BROADWAY SUITE 780	6.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80202	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Kenneth P. Heckmann* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: KENNETH P. HECKMANN DATE: 2/24/99 DAYTIME PHONE #: (909) 881-7741

CR2E037 (1/198)