

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90027 007 \*\*\*\*61.25

**DOCUMENT # 831278**

1. Entity Name

**CAMPUS CRUSADE FOR CHRIST, INC.**

Principal Place of Business

Mailing Address

**% GENERAL COUNSEL'S OFFICE  
 100 LAKE HART DRIVE  
 ORLANDO FL 32832  
 US**

**% GENERAL COUNSEL'S OFFICE  
 100 LAKE HART DRIVE  
 ORLANDO FL 32832-0100  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**95-6006173**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUMMINS, JUDY  
 100 SUNPORT LANE LAKE HART DRIVE - 2100  
 ORLANDO FL 32809-32**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>BELCHER, ELLIOT S</b>	
STREET ADDRESS	<b>ROUTE 1</b>	
CITY-ST-ZIP	<b>BRENT, AL 00000</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>HECKMANN, KENNETH</b>	
STREET ADDRESS	<b>100 SUNPORT LANE LAKE HART DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32809-32</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRIGHT, VONETTE A</b>	
STREET ADDRESS	<b>100 SUNPORT LANE LAKE HART DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32809-32</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DOUGLASS, STEPHEN B</b>	
STREET ADDRESS	<b>100 SUNPORT LANE LAKE HART DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32809-32</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BRIGHT, WILLIAM</b>	
STREET ADDRESS	<b>100 SUNPORT LANE LAKE HART DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32809-32</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARMSTRONG, WILLIAM</b>	
STREET ADDRESS	<b>1625 BROADWAY SUITE 780</b>	
CITY-ST-ZIP	<b>DENVER CO 80202</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Heckmann*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00 Date (407) 826-2107 Daytime Phone #

CR2E037 (9/99)