FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50618 (0)

1. Corporation Name
CAMPUS COMMUNITY CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
902 LAKE MARY BLVD SANFORD FL 32773-946 US	902 LAKE MARY BLVD SANFORD FL 32773-946 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3117578 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 101 N. Country Club Rd.	26 2a. Mailing Address: P.O. Box 540193
22 Suite, Apt. #, etc.: Ste. #132	27 Suite, Apt. #, etc.
23 City & State: Lake Mary, FL	28 City & State: Orlando, FL
24 Zip: 32746 25 Country: Seminole	29 Zip: 32854 30 Country: Orange

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRAVO, CARMINE M.
2957 W STATE RD 434
STE 400
LONGWOOD FL 32779

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 607.0502 and 607.1508, 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 607.0505, 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	STD	11 TITLE	D ☐ Change ☒ Addition
NAME	MOSSMAN, PATSY	12 NAME	John Barber
STREET ADDRESS	1041 HOBSON ST	13 STREET ADDRESS	1331 Boyer Street
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	Longwood, FL 32750
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, TIM	22 NAME	
STREET ADDRESS	1931 THUNDERBIRD TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CHUNG, CHRIS	32 NAME	
STREET ADDRESS	4523 ELMCREST CT	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	RAWLINS, GREGORY S.	42 NAME	
STREET ADDRESS	299 LESLIE LANE	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DIXON, JEFF	52 NAME	
STREET ADDRESS	1000 CARLSON DR	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Gregory S. Rawlins Gregory S. Rawlins 4/29/95 260-0176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032260