

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003754

Entity Name: FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS, INC.**Current Principal Place of Business:**603 PARK POINT DR., SUITE 200
GOLDEN, CO 80401**Current Mailing Address:**603 PARK POINT DR., SUITE 200
GOLDEN, CO 80401**FEI Number: 84-1522811****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	MARTIN, CURTIS A
Address	603 PARK POINT DR., SUITE 200
City-State-Zip:	GOLDEN CO 80401

Title	TD
Name	LEBLANC, KATHERINE M
Address	603 PARK POINT DR., SUITE 200
City-State-Zip:	GOLDEN CO 80401

Title	D
Name	MATYA, REV. ROBERT
Address	603 PARK POINT DR., SUITE 200
City-State-Zip:	GOLDEN CO 80401

Title	VD
Name	MILLER, CRAIG A
Address	603 PARK POINT DR., SUITE 200
City-State-Zip:	GOLDEN CO 80401

Title	D
Name	COLLAR, MARK A
Address	603 PARK POINT DR., SUITE 200
City-State-Zip:	GOLDEN CO 80401

Title	D
Name	SAEMAN, CAROL
Address	603 PARK POINT DR., SUITE 200
City-State-Zip:	GOLDEN CO 80401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE LEBLANC**CAO****05/02/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date