

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003223

**Entity Name:** CAMPUS CRUSADE FOR CHRIST INTERNATIONAL, INC.

**Current Principal Place of Business:**

100 LAKE HART DRIVE MC 3500  
ORLANDO, FL 32832

**Current Mailing Address:**

100 LAKE HART DRIVE MC 3500  
ORLANDO, FL 32832 US

**FEI Number: 33-0863088**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SECRETARY  
Name BOUCHARD, BARBARA  
Address 100 LAKE HART DRIVE MC 3500  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR, CHAIRMAN  
Name CANNADA, R. BARRY  
Address 100 LAKE HART DR. - #3500  
City-State-Zip: ORLANDO FL 32832

Title TREASURER, ASST. SECRETARY  
Name TJERNAGEL, MARK D  
Address 100 LAKE HART DRIVE, MC 3500  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name LEIMGRUBER, JEFFREY A.  
Address 100 LAKE HART DR - 3500  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name LIUSON, ANDREW I.  
Address 100 LAKE HART DRIVE - 3500  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name WILSON, C. KEMMONS JR.  
Address 100 LAKE HART DR - 3500  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR, PRESIDENT  
Name SELLERS, STEVEN C.  
Address 100 LAKE HART DRIVE MC 3500  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name GUCKENBERGER, BETH  
Address 100 LAKE HART DR - 3500  
City-State-Zip: ORLANDO FL 32832

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*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: BARBARA BOUCHARD**

**SECRETARY**

**04/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name ADADEVOH, DELANYO T.  
Address 100 LAKE HART DRIVE MC 3500  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name LAM, SAMUEL MONG DIG  
Address 100 LAKE HART DRIVE MC 3500  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name HENSLEY, CURTIS SCOTT  
Address 100 LAKE HART DRIVE MC 3500  
City-State-Zip: ORLANDO FL 32832