

2017 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 S
Name HAUER, SALLY E
Address 100 LAKE HART DRIVE
City-State-Zip: ORLANDO FL 32832

Title CP, DIRECTOR
Name DOUGLASS, STEPHEN B
Address 100 LAKE HART DRIVE
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR
Name CANNADA, R. BARRY
Address P.O. BOX 6010, 1020 HIGHLAND COLONY PARKWAY, STE 1400
City-State-Zip: RIDGELAND MS 39158-6010

Title DIRECTOR
Name LORITTS, CRAWFORD W JR.
Address 480 W. CROSSVILLE ROAD
City-State-Zip: ROSWELL GA 30075

Title DIRECTOR
Name BECKETT, JOHN D
Address 38251 CENTER RIDGE ROAD
City-State-Zip: NORTH RIDGEVILLE OH 44039

Title T
Name TJERNAGEL, MARK D
Address 100 LAKE HART DRIVE, MC 3900
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR
Name LANGERAK, JACOBA
Address 900 CIRCLE 75 PKY., STE. 1650
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name LEIMGRUBER, JEFFREY A.
Address 38450 RIVER RIDGE CT.
City-State-Zip: GRAFTON OH 44044

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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: SALLY E. HAUER

SECRETARY

04/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 8700 TRAIL LAKE DRIVE #300
City-State-Zip: MEMPHIS TN 38125