

**2015 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  
ORLANDO, FL 32832

**Current Mailing Address:**

100 LAKE HART DRIVE  
ORLANDO, FL 32832

**FEI Number: 33-0862088**

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

Title D  
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 BRIGHT, VONETTE Z  
Address 100 LAKE HART DRIVE - 2100  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name BUNNER, BRUCE A.  
Address 128 ROCKY RIDGE ROAD  
City-State-Zip: HIGHLANDS NC 28741-7125

**Continues on page 2**

*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**

**01/23/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GILLIS, N. SCOTT  
Address 26893 BOUQUET CANYON ROAD  
#C296  
City-State-Zip: SANTA CLARITA CA 91350

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

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

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