#### 2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003223

Entity Name: CAMPUS CRUSADE FOR CHRIST INTERNATIONAL, INC.

FILED Apr 20, 2016 Secretary of State CC4497109398

### **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 Title CP, DIRECTOR

NameHAUER, SALLY ENameDOUGLASS, STEPHEN BAddress100 LAKE HART DRIVEAddress100 LAKE HART DRIVECity-State-Zip:ORLANDO FL 32832City-State-Zip:ORLANDO FL 32832

Title DIRECTOR Title DIRECTOR

Name CANNADA, R. BARRY Name LORITTS, CRAWFORD W JR.

Address P.O. BOX 6010, 1020 HIGHLAND Address 480 W. CROSSVILLE ROAD COLONY PARKWAY, STE 1400 City City 7 Tity DOCUMENT CA 20075

City-State-Zip: ROSWELL GA 30075
City-State-Zip: ROSWELL GA 30075

Title Title T

Name BECKETT, JOHN D

Address 38251 CENTER RIDGE ROAD Address 100 LAKE HART DRIVE, MC 3900

City-State-Zip: ORLANDO FL 32832 City-State-Zip: NORTH RIDGEVILLE OH 44039

Title DIRECTOR

Title DIRECTOR Name LANGERAK, JACOBA

Name BUNNER, BRUCE A. Address 900 CIRCLE 75 PKY., STE. 1650

Address 100 LAKE HART DRIVE MC 3500 City-State-Zip: ATLANTA GA 30339

City-State-Zip: ORLANDO FL 32832

## 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 CORP. SECRETARY 04/20/2016

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name LEIMGRUBER, JEFFREY A.

Address 38450 RIVER RIDGE CT.

City-State-Zip: GRAFTON OH 44044

Title DIRECTOR

Name WILSON, C. KEMMONS JR.
Address 8700 TRAIL LAKE DRIVE #300

City-State-Zip: MEMPHIS TN 38125

Title DIRECTOR

Name LIUSON, ANDREW I.

Address 100 LAKE HART DRIVE - 3500

City-State-Zip: ORLANDO FL 32832