2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# 717185

Entity Name: CHRISTIAN CAMPUS FELLOWSHIP, INC.

Current Principal Place of Business:

524 W. COLLEGE AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

524 W. COLLEGE AVENUE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-1286420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEARS, MICHAEL
524 W COLLEGE AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: GRAHAM, LARRY
Address: 3173 WHIRLAWAY TR
City-St-Zip: TALLAHASSEE, FL

Title: PD ( ) Delete
Name: SLODERBECK, MIKE
Address: 2100 DARNELL CIRCLE
City-St-Zip: TALLAHASSEE, FL

Title: SD ( ) Delete
Name: CASTERLINE, PAUL
Address: 1619 A CAPITAL CIR NE
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: HART, THOMAS L
Address: 2610 MAYFAIR RD.
City-St-Zip: TALLAHASSEE, FL

Title: VD ( ) Delete
Name: MILLER, BEN
Address: 600 MEADOW RIDGE DR
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MIKE SLODERBECK PD 01/09/2008
Electronic Signature of Signing Officer or Director — Date