

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717185

FILED
Feb 04, 2010
Secretary of State

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
Name: GRAHAM, LARRY
Address: 3173 WHIRLAWAY TR
City-St-Zip: TALLAHASSEE, FL

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

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

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

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

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: MICHAEL MEARS

DIR

02/04/2010

Electronic Signature of Signing Officer or Director

Date