2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 12, 2006 8:00 am Secretary of State

DOCUMENT # 735472 1. Entity Name ASSOCIATION FOR CAMPUS MINISTRY, INC.					0:	5-12-2006 9	00026 019 ****61.	.25
Principal Place of Business 1107 GREENSBORO LANE SARASOTA, FL 34234		Mailing Address 4726 N TAMIAMI TRAIL SARASOTA, FL 34234-3780 US		3 2 2 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1		#1814 #1827 #1814 #181 #1817 #1811	1181 BJ 1881	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182006 CI	hg-NP	CR2E037 (11/05)		
City & State		City & State		4. FEI Number 59-178523	33		plied For t Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of St	atus Desired	S8.75 Addi	
	6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New Re	egistered Agent	
ASSOCIAT	TON FOR CAMPUS MINISTR	Y	- 1	Name				
ASSOCIATION FOR CAMPUS MINISTRY 1107 GREENSBORO LANE SARASOTA, FL 34234			Street Address	t Address (P.O. Box Number is Not Acceptable)				
			-	City Zip Code				
			1				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signalure, typed or profiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund (\$5.00 May Be Added to Fees		ake check payable to da Department of St	
10.	OFFICERS AND DI	RECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANG	ES TO OFFICER	RS AND DIRECTORS IN	10
TITLE	P	☐ Delete	TITLE	ŀ			Change	☐ Addition
NAME STREET ADDRESS	SNYDER, DR.LEE 941 46TH STREET		NAME	T ADDRESS				
CITY-ST-ZIP	94140ID SIKEEI				/			
	SARASOTA, FL. 34234				1/8			
TITLE	SARASOTA, FL 34234	☐ Delete	CITY-5	ST-ZIP	1/17		☐ Channe	☐ Addition
TITLE NAME		☐ Delete		ST-ZIP	1/A		☐ Change	☐ Addition
NAME STREET ADDRESS	S		CITY-S TITLE NAME STREET	ST-ZIP /V	1/A		☐ Change	☐ Addition
NAME	S LEWIS, JACK 6909 COUNTRY LAKES CIRCLE SARASOTA, FL 34243		CITY-S TITLE NAME STREET	ST-ZIP /	1/A 1A		☐ Change	☐ Addition
NAME STREET ADDRESS CITY - ST - ZIP TITLE	S LEWIS, JACK 6909 COUNTRY LAKES CIRCLE SARASOTA, FL 34243 T		CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	1/A 1A		☐ Change	☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

easure 5/9/06 941.35
Date Dayune Prone 8

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Division of Corporations

Annual Report

Annual Report	t Help
Document Nu	ımber
735472	1
Business Entity	7 Name
ASSOCIATION FOR CAMP	HE MINISTRY INC

FEI Number	591785233
FEI Number Status	C Listed Above C Applied For C Not Applicable
Certificate of Status Desired	C Yes C No \$8,75 each
Election Campaign Financing Trust Fun	d Contribution C Yes C No
Pri	ncipal Place of Business
Address	1107 GREENSBORO LANE
Suite, Apt. #, etc.	
City, State	SARASOTA , FL
Zip Code & Count	ry <mark>34234</mark>
	Mailing Address
Address	4726 N TAMIAMI TRAIL
Suite, Apt. #, etc.	
City, State	SARASOTA , FL
Zip Code & Count	ry <mark>34234378(US</mark>
Name and	d Address of Registered Agent
Name (Last, First, Middle, Tit	ile) , , , ,
- OR -	
Business to serve as RA	ASSOCIATION FOR CAMPUS MINISTRY
Address (PO Box is not acception Suite, Apt. #, etc.	ptable) 1107 GREENSBORO LANE
City, State	SARASOTA FI
City, Diale	SARASOTA FL

If there is a change in registered agent, the new agent will need to type their name in

US

34234

Zip Code & Country

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the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Jo Rita Stevens

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	P
Name (Last. First. Middle, Title)	SNYDER LEE DR. , p
- OR -	
Entity Name to serve as Officer/Director	
Street Address	941 46TH STREET
City. State	SARASOTA , FL
Zip Code & Country	34234
Title	s
Name (Last, First, Middle, Title)	LEWIS JACK , , , , , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	6909 COUNTRY LAKES CIRCLE
Street Address City, State	<u></u>
City, State	SARASOTA , FL
City, State Zip Code & Country	SARASOTA , FL
City, State Zip Code & Country Title	SARASOTA , FL
City, State Zip Code & Country Title Name (Last, First, Middle, Title)	SARASOTA , FL
City, State Zip Code & Country Title Name (Last, First, Middle, Title) - OR -	SARASOTA , FL
City, State Zip Code & Country Title Name (Last, First, Middle, Title) - OR - Entity Name to serve as Officer/Director	SARASOTA , FL 34243 T STEVENS , JO RITA , , , T 845 HIGHLAND STREET
City, State Zip Code & Country Title Name (Last, First, Middle, Title) - OR - Entity Name to serve as Officer/Director Street Address	SARASOTA , FL 34243 T STEVENS , JO RITA , , , T 845 HIGHLAND STREET

	ATTACHMENT	40091580
Division of Corporations	# 730/107	40091582 Page 3 of 4
Name (Last, First, Middle, Title)	775) 770	, , ,
Entity Name to serve as Officer/Director		· · · · · · · · · · · · · · · · · · ·
Street Address		
City, State		,
Zip Code & Country		
Title		
Name (Last, First, Middle, Title)		
- OR -	, ,	, ,
Entity Name to serve as Officer/Director		
Street Address		
City, State		, ,
Zip Code & Country		
Title		
Name (Last, First, Middle, Title)	7	
- OR -	,	, ,
Entity Name to serve as Officer/Director		····
Street Address	_	
City, State		, ,
Zip Code & Country		

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director

Signature

JoRita/Stevens

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06. Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

Start Over