


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-12-2006 90026 019 ****61.25

DOCUMENT # 735472 1. Entity Name ASSOCIATION FOR CAMPUS MINISTRY, INC.					
Principal Place of Business 1107 GREENSBORO LANE SARASOTA, FL 34234			Mailing Address 4726 N TAMiami TRAIL SARASOTA, FL 34234-3780 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ASSOCIATION FOR CAMPUS MINISTRY 1107 GREENSBORO LANE SARASOTA, FL 34234				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Jo Rita Stevens</i></u> 5/09/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SNYDER, DR. LEE 941 46TH STREET SARASOTA, FL 34234 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEWIS, JACK 6909 COUNTRY LAKES CIRCLE SARASOTA, FL 34243 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEVENS, JO RITA 845 HIGHLAND STREET SARASOTA, FL 34234 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Jo Rita Stevens Treasurer</i></u> 5/9/06 941.359.8593 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

735472

Business Entity Name

ASSOCIATION FOR CAMPUS MINISTRY, INC.

FEI Number

591785235

FEI Number Status

☐ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☐ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☐ No

Principal Place of Business

Address

1107 GREENSBORO LANE

Suite, Apt. #, etc.

City, State

SARASOTA

FL

Zip Code & Country

34234

Mailing Address

Address

4726 N TAMIAMI TRAIL

Suite, Apt. #, etc.

City, State

SARASOTA

FL

Zip Code & Country

342343780 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

ASSOCIATION FOR CAMPUS MINISTRY

Address (PO Box is not acceptable)

1107 GREENSBORO LANE

Suite, Apt. #, etc.

City, State

SARASOTA

FL

Zip Code & Country

34234 US

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

#735472
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, , S

- OR -

Entity Name to serve as Officer/Director

Street Address 6909 COUNTRY LAKES CIRCLE
City, State SARASOTA, FL
Zip Code & Country 34243

Title T
Name (Last, First, Middle, Title) STEVENS, JO RITA, , T

- OR -

Entity Name to serve as Officer/Director

Street Address 845 HIGHLAND STREET
City, State SARASOTA, FL
Zip Code & Country 34234

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)

- OR -

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

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

P

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.

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