

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 740392 (6)
 1. Corporation Name
CAMPUS HOUSE OF CHRISTIAN CAMPUS MINISTRY, INC.



| | |
|--|--|
| Principal Place of Business 20 NW 12TH TERRACE GAINESVILLE FL 32601 US | Mailing Address 1717 NW 23RD AVENUE APT GC GAINESVILLE FL 32605 US |
|--|--|

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 10/12/1977 | |
| 4. FEI Number 59-1780058 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 Country | 25 Zip |
| 29 Country | 30 Zip |

9. Name and Address of Current Registered Agent

**VAUGHN LITTRUP
1717 NW 23RD AVE
GB
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Vaughn Littrup* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | CHAMBERS, MIKE |
| STREET ADDRESS | 212 E CEDARVILLE CIRCLE |
| CITY-ST-ZIP | KISSIMMEE FL |
| TITLE | DTS <input type="checkbox"/> DELETE |
| NAME | VAUGHN, LITTRUP |
| STREET ADDRESS | 1717 NW 23RD AVENUE GB |
| CITY-ST-ZIP | GAINESVILLE FL |
| TITLE | DP <input type="checkbox"/> DELETE |
| NAME | PETERSON, ART |
| STREET ADDRESS | 155 NW 1ST STREET |
| CITY-ST-ZIP | LAKE BUTLER FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | JOHNSON, PAUL |
| STREET ADDRESS | 7977 GUN GAY AVE |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WELSH, DAVID |
| STREET ADDRESS | 3350 NE 29TH CT |
| CITY-ST-ZIP | OCALA FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | RITCHE, ROBERT |
| STREET ADDRESS | RT 9 BOX 337 |
| CITY-ST-ZIP | LAKE CITY FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| |
|---|
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME |
| 1.3 STREET ADDRESS |
| 1.4 CITY-ST-ZIP |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME |
| 2.3 STREET ADDRESS |
| 2.4 CITY-ST-ZIP |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME |
| 3.3 STREET ADDRESS |
| 3.4 CITY-ST-ZIP |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME |
| 4.3 STREET ADDRESS |
| 4.4 CITY-ST-ZIP |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME |
| 5.3 STREET ADDRESS |
| 5.4 CITY-ST-ZIP |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME |
| 6.3 STREET ADDRESS |
| 6.4 CITY-ST-ZIP |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vaughn Littrup* **Vaughn Littrup** **4/22/98** **3523723558**

CP2E037 (10/97)