

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90017 026 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 740392**

1. Corporation Name

**CAMPUS HOUSE OF CHRISTIAN CAMPUS MINISTRY, INC.**



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

|   |  |  |   |
|---|--|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                       | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country | 3. Date Incorporated or Qualified<br>10/12/1977  | 4. FEI Number<br>59-1780058<br>Applied For Not Applicable |
| 9. Name and Address of Current Registered Agent<br>VAUGHN LITTRUP<br>1717 NW 23RD AVE<br>GB<br>GAINESVILLE FL 32605 |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |   |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                 |
|----------------------------|---|---|-----------------|
| TITLE                      | D CHAMBERS, MIKE<br>212 E CEDARVILLE CIRCLE<br>KISSIMMEE FL     | 1.1 TITLE   | Change Addition |
| NAME                       | DTS VAUGHN, LITTRUP<br>1717 NW 23RD AVENUE GB<br>GAINESVILLE FL | 1.2 NAME  |                 |
| STREET ADDRESS             | DP PETERSON, ART<br>155 NW 1ST STREET<br>LAKE BUTLER FL         | 1.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                | D JOHNSON, PAUL<br>7977 GUN GAY AVE<br>ORLANDO FL               | 1.4 CITY-ST-ZIP                                       |                 |
| TITLE                      | D WELSH, DAVID<br>3350 NE 29TH CT<br>OCALA FL                   | 2.1 TITLE   | Change Addition |
| NAME                       | D RITCHIE, ROBERT<br>RT 9 BOX 337<br>LAKE CITY FL               | 2.2 NAME  |                 |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |                 |
| TITLE                      |   | 3.1 TITLE   | Change Addition |
| NAME                       |   | 3.2 NAME  |                 |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |                 |
| TITLE                      |   | 4.1 TITLE   | Change Addition |
| NAME                       |   | 4.2 NAME  |                 |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |                 |
| TITLE                      |   | 5.1 TITLE   | Change Addition |
| NAME                       |   | 5.2 NAME  |                 |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |                 |
| TITLE                      |   | 6.1 TITLE   | Change Addition |
| NAME                       |   | 6.2 NAME  |                 |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |   | 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, with all other like empowered.

SIGNATURE: *David Welsh* **DAVID WELSH** 7-6-99 352-326-1682  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)