

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740392

FILED  
Mar 20, 2005  
Secretary of State

Entity Name: CAMPUS HOUSE OF CHRISTIAN CAMPUS MINISTRY, INC.

**Current Principal Place of Business:**

PO BOX 13435  
GAINESVILLE, FL 32604 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13435  
GAINESVILLE, FL 32604 US

**New Mailing Address:**

FEI Number: 59-1780058      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAUGHN LITTRUP  
2131 NW 7TH ST5  
GAINESVILLE, FL 32609 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: DP ( ) Delete  
Name: PETERSON, ART  
Address: RT 1 BOX 341  
City-St-Zip: LAKE BUTLER, FL 32054

Title: DS ( ) Delete  
Name: CHAMBERS, MIKE  
Address: 1806 LAGO COURT  
City-St-Zip: ST. CLOUD, FL 34769

Title: DT ( ) Delete  
Name: LITTRUP, VAUGHN  
Address: 2131 NW 7TH STREET  
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete  
Name: THOMAS, BILL  
Address: 950 SW 2ND STREET  
City-St-Zip: LAKE BUTLER, FL 32054

Title: D ( ) Delete  
Name: MANLEY, MARTIN  
Address: 4140 OLD MILL COVE TRAIL E.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: SMITH, FRED  
Address: 5495 WEST PAWNEE DRIVE  
City-St-Zip: BEVERLY HILLS, FL 34465

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: PETERSON, ART  
Address: RT 1 BOX 341  
City-St-Zip: LAKE BUTLER, FL 32054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: THOMAS, BILL  
Address: 950 SW 2ND STREET  
City-St-Zip: LAKE BUTLER, FL 32054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VAUGHN LITTRUP

Electronic Signature of Signing Officer or Director

D/T

03/20/2005

Date