

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740392

FILED
Apr 09, 2007
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:

16 NW 18TH STREET
GAINESVILLE, FL 32603 US

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:

CELESTE, GAILEY E PRD
1707 N.E. 40TH PLACE
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: CM () Delete
Name: GAILEY, ROBERT
Address: 1707 N.E. 40TH PLACE
City-St-Zip: GAINESVILLE, FL 32609

Title: DP () Delete
Name: THOMAS, BILL
Address: 950 S.W. 2ND STREET
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: DESHONG, RANDY
Address: 11907 N.E. CR 237
City-St-Zip: LAKE BUTLER, FL 32054

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

Title: D () Delete
Name: MILLER, BRAD
Address: 3297 JORDON WAY
City-St-Zip: VALDOSTA, GA 31605

Title: D () Delete
Name: JACOB, TRAVIS
Address: 14043 OSPREY LINKS RD # 392
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS/T (X) Change () Addition
Name: PEINE, JULIE
Address: 6026 NW 27TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: DP (X) Change () Addition
Name: DESHONG, RANDY
Address: 11907 N.E. CR 237
City-St-Zip: LAKE BUTLER, FL 32054

Title: DVP (X) Change () Addition
Name: SMITH, FRED
Address: 5495 WEST PAWNEE DRIVE
City-St-Zip: BEVERLY HILLS, FL 34465

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

Title: D (X) Change () Addition
Name: RITCHIE, ROBERT
Address: 1225 HANCOCK CIRCLE
City-St-Zip: ST. CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT RITCHIE

D

04/09/2007

Electronic Signature of Signing Officer or Director

_____ Date