

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740392

FILED
Apr 22, 2010
Secretary of State

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

Current Principal Place of Business:

16 N.W. 18TH STREET
GAINESVILLE, FL 32603 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 (X)

Name and Address of Current Registered Agent:

CELESTE, GAILEY E OM/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
Name: GAILEY, ROBERT
Address: 1707 N.E. 40TH PLACE
City-St-Zip: GAINESVILLE, FL 32609

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

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

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

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

Title: D
Name: BEATTY, OWEN
Address: 245 N.W. 4TH AVENUE
City-St-Zip: LAKE BUTLER, FL 32054

I hereby 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 all other like empowered.

SIGNATURE: ROBERT RITCHIE

D

04/22/2010

Electronic Signature of Signing Officer or Director

Date