

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000183

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE GREAT COMMISSION FOUNDATION OF CAMPUS CRUSADE FOR CHRIST, INC.

Current Principal Place of Business:

100 LAKE HART DRIVE #3600
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

100 LAKE HART DRIVE #3500
ATTN: GENERAL COUNSEL'S OFFICE
ORLANDO, FL 32832

New Mailing Address:

FEI Number: 95-2814920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGES, HEIDI
100 LAKE HART DR. #3600
ORLANDO, FL 32832 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: P () Delete
Name: WEAR, JERRY J
Address: 100 LAKE HART DRIVE #3600
City-St-Zip: ORLANDO, FL 32832

Title: CD () Delete
Name: BUNNER, BRUCE
Address: 1319 N. NEW YORK AVE
City-St-Zip: WINTER PARK, FL 32789

Title: AS () Delete
Name: HAUER, SALLY E
Address: 100 LAKE HART DRIVE #3500
City-St-Zip: ORLANDO, FL 32832

Title: T () Delete
Name: TJERNAGEL, MARK
Address: 100 LAKE HART DRIVE #3900
City-St-Zip: ORLANDO, FL 32832

Title: D () Delete
Name: DOUGLASS, STEPHEN B
Address: 100 LAKE HART DRIVE #2100
City-St-Zip: ORLANDO, FL 32832

Title: D () Delete
Name: SELLERS, STEVEN C
Address: 100 LAKE HART DRIVE #2100
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: SALLY E. HAUER

AS

03/19/2009

Electronic Signature of Signing Officer or Director

Date