

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002121

FILED
Jan 07, 2006
Secretary of State

Entity Name: AMES CHRISTIAN UNIVERSITY, INC.

Current Principal Place of Business:

1901 LINHART AVE
#6
FORT MYERS, FL 33901

New Principal Place of Business:

5100 SOUTH CLEVELAND AVE
SUITE 318-214
FORT MYERS, FL 33907

Current Mailing Address:

P.O. BOX 4671
N. FORT MYERS, FL 33918

New Mailing Address:

5100 SOUTH CLEVELAND AVE
SUITE 318-214
FORT MYERS, FL 33907

FEI Number: 45-0474305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIZZO, VINCE
1901 LINHART AVE
#6
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

RIZZO, VINCE T DR.
1901 LINHART AVE
#2
FORT MYERS, FL 33901 US

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: DR. VINCE T. RIZZO

01/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VELEGU, VIJAY K DR.
Address: 404, PRASANTH TOWERS
City-St-Zip: HYDERABAD, AP INDIA

Title: D (X) Delete
Name: KOPP, JOHN
Address: P. O. BOX 3708
City-St-Zip: NORTH FORT MYERS, FL 33918

Title: D () Delete
Name: RIZZO, LAURA
Address: PO BOX 4671
City-St-Zip: NORTH FORT MYERS, FL 33918 US

Title: P () Delete
Name: RIZZO, VINCE
Address: P.O. BOX 4671
City-St-Zip: NORTH FORT MYERS, FL 33918 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: RIZZO, LAURA
Address: 1901 LINHART AVE. #2
City-St-Zip: FORT MYERS, FL 33901 US

Title: P (X) Change () Addition
Name: RIZZO, VINCE T DR.
Address: 1901 LINHART AVE. #2
City-St-Zip: FORT MYERS, FL 33901 US

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: DR. VINCE T. RIZZO

P

01/07/2006

Electronic Signature of Signing Officer or Director

Date