## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002121

Entity Name: AMES CHRISTIAN UNIVERSITY, INC.

FILED Apr 09, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
5100 SOUTH CLEVELAND AVE SUITE 318-214 FORT MYERS, FL 33907	
Current Mailing Address:	New Mailing Address:
5100 SOUTH CLEVELAND AVE	

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: Name and Address of New Registered Agent:

RIZZO, VINCE T DR.

1901 LINHART AVE

#2

FORT MYERS, FL 33901 US

RIZZO, VINCE T DR.

9563 HEMINGWAY LANE

APT 4504

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: 04/09/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change () Addition

 Name:
 RIZZO, LAURA
 Name:
 RIZZO, LAURA

 Address:
 1901 LINHART AVE. #2
 Address:
 9563 HEMINGWAY LANE APT 4504

 City-St-Zip:
 FORT MYERS, FL 33901 US
 City-St-Zip:
 FORT MYERS, FL 33907 US

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: RIZZO, VINCE T DR. RIZZO, VINCE T DR.

Address: 1901 LINHART AVE. #2 Address: 9563 HEMINGWAY LANE APT 4504
City-St-Zip: FORT MYERS, FL 33901 US FORT MYERS, FL 33907 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 04/09/2007