2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002121

FILED Apr 02, 2008 Secretary of State

Entity Nar	ne: AMES CH	RISTIAN UNIVERSITY, INC.			•		
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
SUITE 318	TH CLEVELAN -214 ERS, FL 33907						
Current M	ailing Address	s:	New Mailing Address:				
SUITE 318	TH CLEVELAN -214 ERS, FL 33907						
FEI Number:	45-0474305	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desi	red (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	New Registered Agent	:	
APT 4504	NCE T DR. INGWAY LANE ERS, FL 33901		9524 HEMI	RIZZO, VINCE T DR. 9524 HEMINGWAY LANE FORT MYERS, FL 33913 US			
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered o	office or registered agen	t, or both,	
SIGNATUF	RE:			04/02/2008			
	Electroni	c Signature of Registered Ag	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () VELEGU, VIJAY 404, PRASANTH HYDERABAD, A	TOWERS	Title: Name: Address: City-St-Zip:	()) Change()Addition		
Title: Name: Address: City-St-Zip:	RIZZO, LAURA	Delete AY LANE APT 4504 FL 33907 US	Title: Name: Address: City-St-Zip:	D (X RIZZO, LAURA 9524 HEMING\ FORT MYERS,	WAY LANE		
Title: Name: Address: City-St-Zip:	RIZZO, VINCE T	AY LANE APT 4504	Title: Name: Address: City-St-Zip:	P (X RIZZO, VINCE 9524 HEMING\ FORT MYERS,	WAY LANE		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	RENGA, KIM M 24001 MUIRLA) Change (X) Addition I NDS BLVD #452 -, CA 92630 US		

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: DR. VINCE T RIZZO P 04/02/2008