

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002121

FILED
Jan 16, 2009
Secretary of State

Entity Name: AMES CHRISTIAN UNIVERSITY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 T DR.
9524 HEMINGWAY LANE
FORT MYERS, FL 33913 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: D () Delete
Name: VELEGU, VIJAY K DR.
Address: 404, PRASANTH TOWERS
City-St-Zip: HYDERABAD, AP INDIA

Title: D () Delete
Name: RIZZO, LAURA
Address: 9524 HEMINGWAY LANE
City-St-Zip: FORT MYERS, FL 33913 US

Title: P () Delete
Name: RIZZO, VINCE T DR.
Address: 9524 HEMINGWAY LANE
City-St-Zip: FORT MYERS, FL 33913 US

Title: D () Delete
Name: RENG, KIM M
Address: 24001 MUIRLANDS BLVD #452
City-St-Zip: LAKE FOREST, CA 92630 US

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
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: DR. VINCE T RIZZO JR

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date