2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006708

FILED Mar 19, 2009 Secretary of State

Entity Name: CAMPUS CRUSADE FOR CHRIST EASTERN EUROPE, INC.

Current Principal Place of Business: New Principal Place of Business: 100 LAKE HART DRIVE ORLANDO, FL 328320100 **Current Mailing Address: New Mailing Address:** ATTN: GENERAL COUNSEL'S OFFICE 100 LAKE HART DRIVE MC - 3500 100 LAKE HART DRIVE-3500 ORLANDO, FL 32832 ORLANDO, FL 328320100 FEI Number: 87-0717272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRAWN, KAREN 100 LAKE HART DRIVE-3500 ORLANDO, FL 328320100 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition THOMPSON, D. LAWRENCE Name: Name: Address: **FODROS UTCA** Address: City-St-Zip: H-2040 BUDAORS, BD HUNGARY HG City-St-Zip: Title: DS () Delete Title: () Change () Addition BURROUGHS, WILLIAM P Name: Name: Address: ALSOHATAR 14 PF 103 Address: City-St-Zip: 2040 BUDAORS, BD HUNGARY HG City-St-Zip: Title: () Delete Title: () Change () Addition HOLLAND, ROY C Name: Name: 100 LAKE HART DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HAUER, SALLY E Name: 100 LAKE HART DRIVE-3500 Address: Address: City-St-Zip: ORLANDO, FL 32832 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 S 03/19/2009