

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35197 (5)

1. Corporation Name

PROTESTANT CAMPUS MINISTRY, INC.

Principal Place of Business

Mailing Address

% BRUCE A. MITCHELL FL INSTITUTE OF TECH
150 W UNIVERSITY BV
MELBOURNE FL 32901-6967

% BRUCE A. MITCHELL FL INSTITUTE OF TECH
150 W UNIVERSITY BV
MELBOURNE FL 32901-6967



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/13/1989

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2950543

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MITCHELL, BRUCE A.
1825 S RIVERVIEW DR
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PRESTWOOD, ALAN
STREET ADDRESS 1116 E. MILL ST.
CITY-ST-ZIP MELBOURNE FL ☒ DELETE

TITLE VD
NAME BAZER, LARRY
STREET ADDRESS 702 E. NEW HAVEN AVE.
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

TITLE SD
NAME GRANGER, NANCY
STREET ADDRESS 2461 TURTLEDOVE PLACE
CITY-ST-ZIP MELBOURNE FL ☒ DELETE

TITLE TD
NAME TESTA, JOHN
STREET ADDRESS 1301 AVENTURA WAY
CITY-ST-ZIP MELBOURNE FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD
1.2 NAME BAZER, LARRY
1.3 STREET ADDRESS 702 E. NEW HAVEN AVE.
1.4 CITY-ST-ZIP MELBOURNE FL ☒ Change ☐ Addition

2.1 TITLE SD
2.2 NAME DAWSON, DARICE R.W.
2.3 STREET ADDRESS F.I.T. BOX 6228 150 UNIV. BLVD.
2.4 CITY-ST-ZIP MELBOURNE, FL ☐ Change ☒ Addition

3.1 TITLE TD
3.2 NAME CLARK, BEN
3.3 STREET ADDRESS 727 WHITE PINE CT.
3.4 CITY-ST-ZIP ROCKLEDGE, FL ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96

407/768-8000 #7476

CR2E037 (12/95)