


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50618** (0)

1. Corporation Name

CAMPUS COMMUNITY CHURCH, INCORPORATED

Principal Place of Business

101 N COUNTRY CLUB RD
SUITE 132
LAKE MARY FL 32746
US

Mailing Address

P O BOX 540193
ORLANDO FL 32854
US



3. Date Incorporated or Qualified **08/27/1992** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-3117578** 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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BRAVO, CARMINE M.
2957 W STATE RD 434
STE 400
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

12. OFFICERS AND DIRECTORS	
TITLE	STD MOSSMAN, PATSY <input checked="" type="checkbox"/> DELETE
NAME	1041 HOBSON ST
STREET ADDRESS	LONGWOOD FL
CITY-ST-ZIP	
TITLE	D THOMPSON, TIM <input type="checkbox"/> DELETE
NAME	1931 THUNDERBIRD TRAIL
STREET ADDRESS	MAITLAND FL
CITY-ST-ZIP	
TITLE	D CHUNG, CHRIS <input type="checkbox"/> DELETE
NAME	4523 ELMCREST CT
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
TITLE	PD RAWLINS, GREGORY S. <input type="checkbox"/> DELETE
NAME	299 LESLIE LANE
STREET ADDRESS	LAKE MARY FL 32746
CITY-ST-ZIP	
TITLE	D DIXON, JEFF <input type="checkbox"/> DELETE
NAME	1000 CARLSON DR
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
TITLE	D BARBER, JOHN <input type="checkbox"/> DELETE
NAME	1331 BOYER STREET
STREET ADDRESS	LONGWOOD FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	C D DIXON, JEFF
5.3 STREET ADDRESS	1000 CARLSON DRIVE
5.4 CITY-ST-ZIP	ORLANDO, FL.
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STD BARBER, JOHN
6.3 STREET ADDRESS	1331 BOYER STREET
6.4 CITY-ST-ZIP	LONGWOOD, FL

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

7/23/96

Date

(407) 324-0203

Daytime Phone #

CR2E037 (3/96)