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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000402 (9)**

1. Corporation Name

INTERNATIONAL CHRISTIAN LEADERSHIP UNIVERSITY, INCORPORATED

Principal Place of Business

Mailing Address

**CAMPUS CRUSADE FOR CHRIST INTERNATIONAL
100 SUNPORT LANE
ORLANDO FL 32809-787
5**

**24800 ARROWHEAD SPRINGS RD.
#3170
SAN BERNARDINO CA 92414
US**



3. Date Incorporated or Qualified

12/03/1992

4. FEI Number

95-6006173

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLINTON, STEPHAN M
100 SUNPORT LANE, #3000
ORLANDO FL 32809**

81 Name

JOHN WEBB

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

100 SUNPORT LANE

83

84 City

ORLANDO

FL

85 Zip Code

32809

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

John A. Webb
Signature (typed or printed name of registered agent and this if applicable)

BY: JOHN A. WEBB

2-19-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **A** ☒ DELETE

NAME **KASPER, DENNIS**
STREET ADDRESS **100 SUNPORT LANE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** ☒ DELETE

NAME **WHITLOCK, LUDER**
STREET ADDRESS **100 SUNPORT LANE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **T** ☐ DELETE

NAME **WEBB, JOHN**
STREET ADDRESS **100 SUNPORT LANE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** ☒ DELETE

NAME **CLINTON, STEPHEN M**
STREET ADDRESS **100 SUNPORT LANE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **VD** ☐ DELETE

NAME **DOUGLASS, STEPHAN B**
STREET ADDRESS **100 SUNPORT LANE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **PD** ☐ DELETE

NAME **BRIGHT, WILLIAM**
STREET ADDRESS **100 SUNPORT LANE**
CITY-ST-ZIP **ORLANDO FL 32809**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John A. Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BY: JOHN WEBB

Date

(909) 881-7741
Daytime Phone # 0078773

CR2E037 (10/97)