

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000288

FILED  
Aug 20, 2012  
Secretary of State

**Entity Name:** CHAMPS INTERNATIONAL INC.

**Current Principal Place of Business:**

2417 SWEETAIRE CT  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1412  
APOPKA, FL 32704 US

**New Mailing Address:**

**FEI Number:** 59-3493696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHUESSLER, RICK  
2417 SWEETAIRE CT  
APOPKA, FL 32712 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:** SD  
**Name:** MONGAN, GERALDINE B  
**Address:** 2417 SWEETAIRE CT  
**City-St-Zip:** APOPKA, FL 32712

**Title:** VD  
**Name:** MONGAN, PAUL  
**Address:** 2417 SWEETAIRE CT  
**City-St-Zip:** APOPKA, FL 32712

**Title:** P  
**Name:** SCHUESSLER, RICK  
**Address:** 2417 SWEETAIRE CT  
**City-St-Zip:** APOPKA, FL 32712

**Title:** T  
**Name:** SCHUESSLER, FRAN  
**Address:** 2417 SWEETAIRE CT  
**City-St-Zip:** APOPKA, FL 32712

I hereby 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 all other like empowered.

**SIGNATURE:** RICK SCHUESSLER

PRES

08/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date