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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90072 018 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000002298**

1. Corporation Name

**CHRISTIAN CAMPUS FELLOWSHIP AT FLORIDA GULF COAST UNIVERSITY, INC.**

Principal Place of Business

17217 CANE ROAD  
FORT MYERS FL 33912

Mailing Address

17217 CANE ROAD  
FORT MYERS FL 33912



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 1411 SE 40TH STREET  
27 Suite, Apt. #, etc.

28 City & State

CAPE CORAL FL

29 Zip

Country

33904-7933 30 LEE

3. Date Incorporated or Qualified

04/20/1998

4. FEI Number

65-0824794

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

9. Name and Address of Current Registered Agent

KINGSTON, CRAIG  
17217 CANE ROAD  
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

DONALD COLIN BROWN

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

1411 SE 40TH STREET

83

84 City

CAPE CORAL

FL

85 Zip Code

33904-7933

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

*Donald Colin Brown*

1-13-99

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 ☐ DELETE

NAME SD  
KINGSTON, CRAIG  
STREET ADDRESS 2735 COLONIAL BLVD #106  
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ☐ DELETE

NAME PD  
CRONE, TRES  
STREET ADDRESS 2007 GRAY CT  
CITY-ST-ZIP FT. MYERS FL 33903

TITLE ☐ DELETE

NAME VD  
ADAMS, MIKE  
STREET ADDRESS 9189 HAMLIN DR E  
CITY-ST-ZIP FT. MYERS FL 33912

TITLE ☐ DELETE

NAME TD  
BROWN, COLIN  
STREET ADDRESS 1411 SE 40TH STREET  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Donald Colin Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

Date

941-945-3046

Daytime Phone #

CR2E037 (11/98)