

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90034 046 ****61.25

DOCUMENT # N98000002298

1. Entity Name
CHRISTIAN CAMPUS FELLOWSHIP AT FLORIDA GULF COAST UNIVERSITY, INC.



Principal Place of Business
~~2462 DOMINICA AVENUE~~
~~FORT MYERS, FL 33905~~

Mailing Address
~~1411 SE 40TH ST~~
~~CAPE CORAL, FL 33904-7983~~



2. Principal Place of Business
2701 CLEVELAND AVENUE

3. Mailing Address
P.O. Box 61002

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State
Fort Myers, FL ~~33905~~

City & State
Fort Myers, FL ~~33906-1002~~

Zip
33901

Country
USA

Zip
33906-1002

Country
USA

4. FEI Number
65-0824794

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BROWN, DONALD
1411 SE 40TH ST
CAPE CORAL, FL 33904-7933

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD	<input checked="" type="checkbox"/> Delete COUCH, TIMOTHY E 3940 ROGERS STREET FORT MYERS, FL 33901	TITLE RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TRUSCHINGER BRIAN 2032 STECKA FT M FL 01
TITLE PD	<input checked="" type="checkbox"/> Delete CRONE, TRES 1426 SE 12TH STREET CAPE CORAL, FL 33990	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CUTLER, MATTHEW 18569 TULIP ROAD FORT MYERS, FL 33912
TITLE VD	<input type="checkbox"/> Delete EDWARDS, BETTY 7075 SPOTTED FAWN COURT FT. MYERS, FL 33908	TITLE ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	<input type="checkbox"/> Delete BROWN, COLIN 1411 SE 40TH STREET CAPE CORAL, FL 339047933	TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete TUMAS, BRAD 9926 COUNTRY OAKS DRIVE FORT MYERS, FL 33912	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete WESTHAFFER, MIKE 17216 ORIOLE ROAD FORT MYERS, FL 33912	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Colin Brown DONALD COLIN BROWN 1/19/04 239-945-3046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #