


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 33904-7933		
2. Principal Place of Business 2701 CLEVELAND AVENUE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 61002 Suite, Apt. #, etc.			
City & State FORT MYERS, FL 33901		City & State FORT MYERS, FL 33906-1002		4. FEI Number 65-0824794	
Zip 33901-		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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. <input type="checkbox"/>		\$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 NAME COUCH, TIMOTHY E STREET ADDRESS 3940 ROGERS STREET CITY-ST-ZIP FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete		TITLE RD NAME TRUSCHINGER BRIAN STREET ADDRESS 2032 STECKA CITY-ST-ZIP FT M 01	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME CRONE, TRES STREET ADDRESS 1426 SE 12TH STREET CITY-ST-ZIP CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete		TITLE D NAME CUTLER, MATTHEW STREET ADDRESS 18569 TULIP ROAD CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME EDWARDS, BETTY STREET ADDRESS 7075 SPOTTED FAWN COURT CITY-ST-ZIP FT. MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE ST NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BROWN, COLIN STREET ADDRESS 1411 SE 40TH STREET CITY-ST-ZIP CAPE CORAL, FL 339047933	<input type="checkbox"/> Delete		TITLE STD NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TUMAS, BRAD STREET ADDRESS 9926 COUNTRY OAKS DRIVE CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WESTHAFFER, MIKE STREET ADDRESS 17216 ORIOLE ROAD CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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: <u>Donald Colin Brown</u> <u>DONALD COLIN BROWN</u> <u>1/19/04</u> <u>239-945-3046</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					