

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002298

FILED
Feb 09, 2006
Secretary of State

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

Current Principal Place of Business:

18390 SUNFLOWER ROAD
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

PO BOX 61002
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 65-0824794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, DONALD C
1411 SE 40TH ST
CAPE CORAL, FL 339047933 US

Name and Address of New Registered Agent:

BROWN, DONALD C
369 PIRATES REST ROAD
NORTH FORT MYERS, FL 339172941 US

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:

02/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TRUSCHINGER, BRIAN
Address: 18390 SUNFLOWER ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: CUTLER, MATTEW
Address: 18569 TULIP RD
City-St-Zip: FORT MYERS, FL 33912

Title: VD () Delete
Name: EDWARDS, BETTY
Address: 7075 SPOTTED FAWN COURT
City-St-Zip: FT. MYERS, FL 33908

Title: STD () Delete
Name: BROWN, COLIN
Address: 1411 SE 40TH STREET
City-St-Zip: CAPE CORAL, FL 339047933

Title: D () Delete
Name: CONLEY, MATT
Address: 17558 BOAT CLUB DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: CD () Delete
Name: WESTHAFFER, MIKE
Address: 17216 ORIOLE ROAD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: BROWN, COLIN
Address: 369 PIRATES REST ROAD
City-St-Zip: NORTH FORT MYERS, FL 339172941

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONALD COLIN BROWN

TRES

02/09/2006

Electronic Signature of Signing Officer or Director

Date