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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006072

1. Corporation Name

CHRISTIAN CAMPUS FELLOWSHIP AT THE UNIVERSITY OF CENTRAL FLORIDA, INCORPORATED

Principal Place of Business

736 SUNCREST LOOP #204
 CASSELBERRY FL 32707

Mailing Address

736 SUNCREST LOOP #204
 CASSELBERRY FL 32707

1140 S. Lakemont Ave.
 Winter Park, FL 32792



2. Principal Place of Business 21 1140 S. LAKE MONT AVE Suite, Apt. #, etc. 22 City & State 23 WINTER PARK, FL Zip 24 32792 Country 25 USA	2a. Mailing Address 26 1140 S. LAKE MONT AVE Suite, Apt. #, etc. 27 City & State 28 WINTER PARK, FL Zip 29 32792 Country 30 USA	3. Date Incorporated or Qualified 10/23/1998 4. FEI Number 59-3562777 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

MCDOWELL, JEFFREY
 736 SUNCREST LOOP #204
 CASSELBERRY FL 32707

Campus Minister

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	1140 S. LAKE MONT AVE.		WINTER PARK	FL 32792

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	BOOK, JAMES	1.2 NAME	
STREET ADDRESS	736 SUNCREST LOOP #204	1.3 STREET ADDRESS	1140 S. LAKE MONT AVE.
CITY-ST-ZIP	CASSELBERRY FL 32707	1.4 CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	ANDRIANO, MICHAEL	2.2 NAME	
STREET ADDRESS	736 SUNCREST LOOP #204	2.3 STREET ADDRESS	1140 S. LAKE MONT AVE.
CITY-ST-ZIP	CASSELBERRY FL 32707	2.4 CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	ST	3.1 TITLE	☒ Change ☐ Addition
NAME	CLARK, DAVID	3.2 NAME	
STREET ADDRESS	736 SUNCREST LOOP #204	3.3 STREET ADDRESS	1140 S. LAKE MONT AVE.
CITY-ST-ZIP	CASSELBERRY FL 32707	3.4 CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	Trustee (President)	4.1 TITLE	☐ Change ☐ Addition
NAME	James Book	4.2 NAME	
STREET ADDRESS	1140 S. Lakemont Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Winter Park, FL 32792	4.4 CITY-ST-ZIP	
TITLE	U.P. Trustee	5.1 TITLE	☐ Change ☐ Addition
NAME	Michael Andriano	5.2 NAME	
STREET ADDRESS	120 Alexandria Bldg. Suite 21	5.3 STREET ADDRESS	
CITY-ST-ZIP	Oviedo, FL 32765	5.4 CITY-ST-ZIP	
TITLE	Sec. Trustee	6.1 TITLE	☐ Change ☐ Addition
NAME	David Clark	6.2 NAME	
STREET ADDRESS	2880 Jay Jay Rd.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Titusville FL 32781	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:

[Signature] 4-21-99 407-267-4858
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)