

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006072

FILED
May 12, 2005
Secretary of State

Entity Name: CHRISTIAN CAMPUS FELLOWSHIP AT THE UNIVERSITY OF CENTRAL FLORIDA, INCORPORATED

Current Principal Place of Business:

1518 BETH ANN COURT
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

1518 BETH ANN COURT
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 59-3562777 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FUNK, KENNETH R
1518 BETH ANN COURT
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC
92 SADBERRY RD
QUINCY, FL 32351 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: PAUL SMITH, V.P.

05/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: BOOK, JAMES
Address: 1140 S LAKEMONT AVENUE
City-St-Zip: WINTER PARK, FL 32792

Title: PRES () Delete
Name: LUP, JACK
Address: 1011 BILL BECK BLVD
City-St-Zip: KISSIMMEE, FL 34744

Title: TRES () Delete
Name: FUNK, KENNETH R
Address: 1518 BETH ANN COURT
City-St-Zip: KISSIMMEE, FL 34744

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENNETH FUNK

TRES

05/12/2005

Electronic Signature of Signing Officer or Director

Date