2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N98000006072

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 (X)**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

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: _____

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: KISSIMEE, FL 34744

Title: SEC ( ) Delete
Name: WOOD, SHAN
Address: 2565 E. KALEY AVE
City-St-Zip: ORLANDO, FL 32806 33

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

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH R FUNK TRES 02/02/2009

Electronic Signature of Signing Officer or Director — Date