

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004785

**FILED**  
**Jan 20, 2015**  
**Secretary of State**  
**CC3216561753**

**Entity Name:** INTERVARSITY CHRISTIAN FELLOWSHIP/USA  
INCORPORATED

**Current Principal Place of Business:**

6400 SCHROEDER RD  
MADISON, WI 53711

**Current Mailing Address:**

P.O.BOX 7895  
MADISON, WI 53707-7895

**FEI Number: 36-2171714**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GASKINS, STACY  
644 4TH AVE S #1  
ST. PETERSBURG, FL 33701 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            VICE CHAIR  
Name            HERNANDEZ, RUDY  
Address        29352 RAINTREE RIDGE  
City-State-Zip: FAIR OAKS RANCH TX 78015

Title            P  
Name            HILL, ALEXANDER D  
Address        P. O. BOX 7895  
City-State-Zip: MADISON WI 53707

Title            CHAIR  
Name            WILLIAMS, RON  
Address        3333 EVERGREEN DR, N.E. STE 201  
City-State-Zip: GRAND RAPIDS MI 49525

Title            SECRETARY  
Name            OLSON, CHRISTINA  
Address        6400 SCHROEDER RD  
City-State-Zip: MADISON WI 53711

Title            VP  
Name            MORTON, KARON  
Address        6400 SCHROEDER RD  
City-State-Zip: MADISON WI 53711

*I hereby 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 all other like empowered.*

**SIGNATURE: KARON MORTON**

**VICE PRESIDENT**

**01/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date