

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 PH 5: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712473 (8)

1. Corporation Name

THE CHRISTIAN AND MISSIONARY ALLIANCE FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O SHELL POINT VILLAGE
15000 SHELL POINT BLVD.
FT. MYERS FL 33908

C/O SHELL POINT VILLAGE
15000 SHELL POINT BLVD.
FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/23/1967** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-1166437** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 County

29 Zip

30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DYS, PETERS
14731 FAIRHAVEN ST.
FT MYERS FL 33908**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TD
NAME FEATHER, MERLIN C
STREET ADDRESS 4748 TRUSCOTT RD
CITY - ST - ZIP CHARLOTTE NC

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

PD
NAME CATHEY, GORDON M. DR
STREET ADDRESS 1121 WINDMILL LN
CITY - ST - ZIP SILVER SPRING MD

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

PD
Schutte, Roger L. Change Addition
8805 Indian Hills Dr.
Omaha, NE 68114-6010

VD
NAME SCHUTTE, ROGER L
STREET ADDRESS 8805 INDIAN HILLS DR
CITY - ST - ZIP OMAHA NE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

VD Change Addition
Cathey, Gordon M. Dr.
1121 Windmill Ln.
Silver Spring, MD 20905

SD
NAME DEWITT, CHARLES B. (REV)
STREET ADDRESS P. O. BOX 429
CITY - ST - ZIP PUNXSUTWANEY PA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

EVD
NAME DYS, PETER (ASSIST-S)
STREET ADDRESS 15000 SHELL POINT BLVD
CITY - ST - ZIP FT. MYERS FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition
700001472937
-05/03/95--01054--010
****138.75 ****138.75

ATD
NAME BAYES, DENNIS
STREET ADDRESS SHELL POINT VILLAGE
CITY - ST - ZIP FT. MYERS FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 or Block 14 or in an Attachment with an address.

SIGNATURE: *Peter Dys* PETER DYS, EXECUTIVE VICE PRES. 4/21/95 813-454-2156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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