

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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**

3. Date Incorporated or Qualified **03/23/1967** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1166437	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	25		30			
	Country		Country			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEATHER, MERLIN C	1.2 NAME	
STREET ADDRESS	4746 TRUSCOTT RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHEY, GORDON M. DR	2.2 NAME	
STREET ADDRESS	1121 WINDMILL LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20905	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUTTE, ROGER L	3.2 NAME	
STREET ADDRESS	8805 INDIAN HILLS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68114-6010	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITT, CHARLES B. (REV)	4.2 NAME	
STREET ADDRESS	P. O. BOX 429	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNXSUTWANEY PA	4.4 CITY-ST-ZIP	
TITLE	EVD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYS, PETER (ASSIST-S)	5.2 NAME	
STREET ADDRESS	15000 SHELL POINT BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	ATD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYES, DENNIS	6.2 NAME	
STREET ADDRESS	SHELL POINT VILLAGE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	6.4 CITY-ST-ZIP	

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 119.07(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, changed, or on an attachment with an address.

SIGNATURE: _____ **4/18/96** **941-454-2156**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)