

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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 33908-1637

3. Date Incorporated or Qualified 03/23/1967  
3a. Date of Last Report 04/29/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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

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  
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 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		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FEATHER, MERLIN C	
STREET ADDRESS	4746 TRUSCOTT RD	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CATHEY, GORDON M. DR	
STREET ADDRESS	1121 WINDMILL LN	
CITY-ST-ZIP	SILVER SPRING MD 20905	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHUTTE, ROGER L	
STREET ADDRESS	8805 INDIAN HILLS DR	
CITY-ST-ZIP	OMAHA NE 68114-6010	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEWITT, CHARLES B. (REV)	
STREET ADDRESS	P. O. BOX 429	
CITY-ST-ZIP	PUNXSUTWANEY PA	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	DYS, PETER (ASSIST-S)	
STREET ADDRESS	15000 SHELL POINT BLVD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	BAYES, DENNIS	
STREET ADDRESS	SHELL POINT VILLAGE	
CITY-ST-ZIP	FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	N/A	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	14731 FAIRHAVEN RD	
5.4 CITY-ST-ZIP	FT MYERS, FL 33908	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	14891 DAVID DRIVE	
6.4 CITY-ST-ZIP	FT MYERS FL 33908	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dennis Bayes DATE: 4-17-97 DAYTIME PHONE #: 941-454-2160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)