

FILE NOW: FILING FEE IS \$61.25

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AND
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98 JUN -5 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712473 (8)

1. Corporation Name
THE CHRISTIAN AND MISSIONARY ALLIANCE FOUNDATION, INC.



Principal Place of Business C/O SHELL POINT VILLAGE 15000 SHELL POINT BLVD. FT. MYERS FL 33908	Mailing Address C/O SHELL POINT VILLAGE 15000 SHELL POINT BLVD. FT. MYERS FL 33908
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3. Date Incorporated or Qualified 03/23/1967	
4. FEI Number 59-1166437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEATHER, MERLIN C	1.2 NAME	
STREET ADDRESS	4748 TRUSCOTT RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	200002552632--6
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHEY, GORDON M. DR	2.2 NAME	-06/03/98--010 Stamp UID
STREET ADDRESS	4121 WINDMILL LN	2.3 STREET ADDRESS	*****70.00 *****70.00
CITY-ST-ZIP	SILVER SPRING MD	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITT, CHARLES B. (REV)	3.2 NAME	
STREET ADDRESS	P.O. BOX 420	3.3 STREET ADDRESS	9 VILLAGE CIRCLE
CITY-ST-ZIP	PUNXSUTWANEY PA	3.4 CITY-ST-ZIP	MENDHAM, NJ 07945
TITLE	EVD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYS, PETER (ASSIST-S)	4.2 NAME	
STREET ADDRESS	14731 FAIRHAVEN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	ATD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYES, DENNIS	5.2 NAME	
STREET ADDRESS	14891 DAVID DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

200002552632--6

-06/03/98--010 Stamp UID

*****70.00 *****70.00

9 VILLAGE CIRCLE
MENDHAM, NJ 07945

4/76/5

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4-30-98 941-454-2160

CP2E037 (10/97)