

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 17, 2004  
Secretary of State**

DOCUMENT# 712473

Entity Name: THE CHRISTIAN AND MISSIONARY ALLIANCE FOUNDATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

C/O SHELL POINT VILLAGE  
15000 SHELL POINT BLVD. STE 100  
FT. MYERS, FL 33908

**Current Mailing Address:**

C/O SHELL POINT VILLAGE  
15000 SHELL POINT BLVD. STE 100  
FT. MYERS, FL 33908

**New Mailing Address:**

FEI Number: 59-1166437      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: ARNOLD, RICHARD L  
Address: 15475 GLENEAGLE DRIVE  
City-St-Zip: COLORADO SPRINGS, CO 80921

Title: CD      ( ) Delete  
Name: DAVEY, JAMES DR  
Address: 11300 CARAVEL CRICLE #103  
City-St-Zip: FORT MYERS, FL 33908

Title: SD      ( ) Delete  
Name: DEWITT, CHARLES  
Address: 32 GALWAY DRIVE  
City-St-Zip: MENDHAM, NJ 07945

Title: P      ( ) Delete  
Name: DYS, PETER  
Address: 14731 FAIRHAVEN RD  
City-St-Zip: FORT MYERS, FL 33908

Title: AT      ( ) Delete  
Name: LOCHRIDGE, TIM  
Address: 7969 GATOR PALM DRIVE  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIM LOCHRIDGE

AT

02/17/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date