

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 712473**



1. Entity Name  
**THE CHRISTIAN AND MISSIONARY ALLIANCE  
FOUNDATION, INC.**

Principal Place of Business  
**C/O SHELL POINT VILLAGE  
15000 SHELL POINT BLVD. STE 100  
FT. MYERS, FL 33908**

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



01232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1166437**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DYS, PETER  
15000 SHELL POIN BLVD  
FORT MYERS, FL 33908**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

U00000611003  
02/02/07-80043-010 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	ARNOLD, RICHARD L
STREET ADDRESS	15475 GLENEAGLE DRIVE
CITY-ST-ZIP	COLORADO SPRINGS, CO 80921
TITLE	CD
NAME	EASTMAN, RONALD
STREET ADDRESS	1200 MISTLETOE CT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	SD
NAME	DEWITT, CHARLES
STREET ADDRESS	32 GALWAY DRIVE
CITY-ST-ZIP	MENDHAM, NJ 07945
TITLE	ASD
NAME	DYS, PETER
STREET ADDRESS	14731 FAIRHAVEN RD
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	AT
NAME	LOCHRIDGE, TIM
STREET ADDRESS	7969 GATOR PALM DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	VCD
NAME	DUSS, DONNA
STREET ADDRESS	5608 GOVERNOR'S POND CIRCLE
CITY-ST-ZIP	ALEXANDRIA, VA 22310

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Peter Dys, President* 1/23/07 239-454-2155