

AMENDED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 DEC -9 AM 8:00

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

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip
Country



CHECK HERE IF MAKING CHANGES

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, PETERS
14731 FAIRHAVEN ST.
FT MYERS, FL 33908

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

B. 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 DATE

400025332444
12/09/03--01006--003 **\$61.25

FILE NOW. FEE IS \$61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include: TD ARNOLD, RICHARD L; PD CATHEY, GORDON M. DR; SD DAVEY, JAMES DR; EV DYS, PETER (ASSIST-S); AT BAYES, DENNIS.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include: C/D DAVEY, JAMES DR; P (now President); A/T LOCHRIDGE, TIM; S/D DEWITT, CHARLES.

12. 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 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] 12-4-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)