

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712473

FILED
Feb 25, 2014
Secretary of State
CC0148172928

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

Current Principal Place of Business:

15000 SHELL POINT BLVD.
STE 100
FT. MYERS, FL 33908

Current Mailing Address:

15000 SHELL POINT BLVD.
STE 100
FT. MYERS, FL 33908

FEI Number: 59-1166437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DYS, PETER
15000 SHELL POINT BLVD
STE 100
FORT MYERS, FL 33908 US

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

Officer/Director Detail :

Title C
Name O'FARRELL, MARK T DR.
Address 2430 WELBILT BLVD
City-State-Zip: TRINITY FL 34655

Title VC
Name DUSS, DONNA J
Address 5608 GOVERNOR POND CIRCLE
City-State-Zip: ALEXANDRIA VA 22310

Title S
Name DEWITT, CHARLES B
Address 8306 TASSEL COURT
City-State-Zip: RALEIGH NC 27612

Title T
Name DAVIDSON, JOHN W
Address 128 WESTRIDGE COURT
City-State-Zip: CHAPIN SC 29036

Title AT
Name LOCHRIDGE, TIM K
Address 11078 SIERRA PALM COURT
City-State-Zip: FORT MYERS FL 33912

Title AS
Name DYS, PETER
Address 14731 FAIR HAVEN ROAD
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR
Name ANDERSON, WANDA
Address 8595 EXPLORER DRIVE
City-State-Zip: COLORADO SPRINGS CO 80920

Title DIRECTOR
Name CASS, PAUL T DR.
Address 11 WEST BRANCH LANE
City-State-Zip: WEST CHESTER PA 19382

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I hereby 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 all other like empowered.

SIGNATURE: TIM LOCHRIDGE

ASSISTANT TREASURER 02/25/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHRISTMAN, CHANLEY M
Address 720 LEXINGTON AVENUE
City-State-Zip: MANSFIELD OH 44907

Title DIRECTOR
Name HIBBARD, JAY
Address 809 FALLS CREEK DRIVE
City-State-Zip: CHESAPEAKE VA 23322

Title DIRECTOR
Name SCHAPPELL, MARTIN C
Address 7383 HERITAGE PALMS ESTATES DRIVE
City-State-Zip: FORT MYERS FL 33966

Title DIRECTOR
Name WHITE , ARCHIE L SR.
Address 2435 PETERSON ROAD
City-State-Zip: LAKELAND FL 33812

Title DIRECTOR
Name GLENN, JAMES D DR.
Address 3705 BUTTONWOOD DRIVE
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name SCALES, MICHAEL G DR.
Address NYACK COLLEGE
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name SCOTT, ROBERT M
Address 1528 S 181ST STREET
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name COOK, NANCY C
Address 7840 PONDS EDGE LANE
City-State-Zip: ZEPHYRHILLS FL 33540