

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712473

**FILED**  
**Jun 12, 2018**  
**Secretary of State**  
**CC4450494453**

**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:**

SCHAPPELL, MARTIN C  
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: MARTIN SCHAPPELL**

**06/12/2018**

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 501 SLATERS LANE  
SUITE 519  
City-State-Zip: ALEXANDRIA VA 22314

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 DIRECTOR  
Name ANDERSON, WANDA ESQ.  
Address 4965 SETON PLACE  
City-State-Zip: COLORADO SPRINGS CO 80918

Title DIRECTOR  
Name CASS, PAUL T DR.  
Address 201 WANDO WAY  
City-State-Zip: GREER SC 29650

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

**Continues on page 2**

*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: MARTIN SCHAPPELL**

**PRESIDENT/CEO**

**06/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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  
ONE SOUTH BLVD.  
City-State-Zip: NYACK NY 10960

Title DIRECTOR  
Name SCOTT, ROBERT M  
Address 1182 GINGER CIRCLE  
City-State-Zip: WESTON FL 33326

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

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

Title PRESIDENT, ASSISTANT SECRETARY  
Name SCHAPPELL, MARTIN C  
Address 15000 SHELL POINT BLVD  
SUITE 100  
City-State-Zip: FORT MYERS FL 33908

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

Title DIRECTOR  
Name MINTER, STEVEN L  
Address 4132 DUKE DRIVE  
City-State-Zip: PORTSMOUTH VA 23703