

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712473

FILED
Feb 28, 2017
Secretary of State
CC0527743482

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

02/28/2017

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 1009
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

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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

VP FINANCE/CFO

02/28/2017

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 ASST. 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