

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000000262

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**3983682146CC**

**Entity Name:** CHRISTIAN MILITARY FELLOWSHIP CORPORATION

**Current Principal Place of Business:**

3000 S ACOMA ST  
ENGLEWOOD, CO 80110-1510

**Current Mailing Address:**

P.O. BOX 1207  
ENGLEWOOD, CO 80150-1207 US

**FEI Number:** 84-0780545

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBERTS, WARREN  
1825 TWELVE OAKS LN  
NEPTUNE BEACH, FL 32266 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 CHAIRMAN  
Name CARTWRIGHT, DANIEL L  
Address 914 CANDLESTAR LOOP S.  
City-State-Zip: FOUNTAIN CO 80817-4118

Title PRESIDENT  
Name FLYNN, ROBERT W  
Address 14894 E. ARIZONA PL  
City-State-Zip: AURORA CO 80012-4745

Title TREASURER  
Name BAERG, DANIEL P  
Address 6139 PINE RIDGE DR  
City-State-Zip: ELIZABETH CO 80107-7939

Title DIRECTOR  
Name PATTERSON, KATHLEEN JO  
Address 13585 MASHONA AVE  
City-State-Zip: CHINO CA 91710-8345

Title DIRECTOR  
Name MINCKS, CHARLES S  
Address 2106 SUMMERSET DR  
City-State-Zip: COLORADO SPRINGS CO 80920-6725

Title DIRECTOR  
Name MINCKS, DORIS W  
Address 2106 SUMMERSET DR  
City-State-Zip: COLORADO SPRINGS CO 80920-6725

Title DIRECTOR  
Name BROBST, WALTER D  
Address 31130 EL TORITO CT  
City-State-Zip: TEMECULA CA 92592-5782

Title DIRECTOR  
Name HELLER, MARYLEE  
Address 3338 GARNET RD  
City-State-Zip: BALTIMORE MD 21234-4838

**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: DANIEL BAERG**

**CFO/TREASURER**

**02/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MCALLISTER, GRANT H  
Address 24002 NE OREGON ST  
City-State-Zip: WOOD VILLAGE OR 97060-2936

Title DIRECTOR  
Name CLAUSEN, SARAH MRS  
Address 6332 S KILLARNEY ST  
City-State-Zip: CENTENNIAL CO 80016-1295

Title DIRECTOR  
Name COUPAL, PHILIP WAYNE  
Address 5489 S CEYLON WAY  
City-State-Zip: CENTENNIAL CO 80015-4833