

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000262

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

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

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