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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712222** (9)

1. Corporation Name

**THE CHRISTIAN AND MISSIONARY ALLIANCE CHURCH, IN  
CORPORATED, OF DELAND, FLORIDA**

Principal Place of Business

Mailing Address

**402 WEST NEW YORK AVENUE  
DELAND FL 32720**

**402 WEST NEW YORK AVENUE  
DELAND FL 32720**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**02/07/1967**

4. FEI Number

**13-1623940**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**EVANS, VERNON D  
402 WEST NEW YORK AVENUE  
DELAND FL 32720**

81 Name

**SCOTT A. DELL**

82 Street Address (P.O. Box Number is Not Acceptable)

**402 W. New York Ave**

83

84 City

**DELAND**

FL

85 Zip Code

**32720**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**3/1/98**

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **DT**  
STREET ADDRESS **MCPHAIL, JOHN W.**  
CITY-ST-ZIP **5770 JOHNSON LAKE ROAD  
DELEON SPRINGS FL**

TITLE ☒ DELETE

NAME **DP**  
STREET ADDRESS **EVANS, VERNON D.**  
CITY-ST-ZIP **900 LEXINGTON RD.  
DELAND, FL 00000**

TITLE ☐ DELETE

NAME **DS**  
STREET ADDRESS **WILLIAMS, LETTIE**  
CITY-ST-ZIP **140 W. WATTS #6A  
DELAND FL**

TITLE ☒ DELETE

NAME **TR**  
STREET ADDRESS **CLARE, BILLY C.**  
CITY-ST-ZIP **230 W. WINNEMISSETT AVE.  
DELAND FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PHYLLIS BISHOP**  
1.3 STREET ADDRESS **1005 N. Boston Ave**  
1.4 CITY-ST-ZIP **DELAND, FL 32724**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **C SCOTT DELL**  
2.3 STREET ADDRESS **100 Lexington RD**  
2.4 CITY-ST-ZIP **DELAND, FL 32720**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **TR JOHN ANDERSON**  
4.3 STREET ADDRESS **751 Mockingbird Lane**  
4.4 CITY-ST-ZIP **DELAND, FL 32720**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

**3/1/98**

**904 734 4646**

CP2E037 (10/97)