

AMOUNT DUE ON OR BEFORE 08/13/99: \$61.25 (IF UNPAID, MINIMUM AMOUNT DUE TO RESTATE: \$636.42)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 015 ****61.25

DOCUMENT # 712222

1. Corporation Name

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

Principal Place of Business

402 WEST NEW YORK AVENUE
DELAND FL 32720

Mailing Address

402 WEST NEW YORK AVENUE
DELAND FL 32720



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1967	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-1623940	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

DELL, SCOTT A
402 W NEW YORK AVE
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
402 W. New York Ave
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	DS
NAME	BISHOP, PHYLLIS	1.2 NAME	John D. Shelar
STREET ADDRESS	1005 N BOSTON AVE	1.3 STREET ADDRESS	1250 Lakeview Dr. #27
CITY-ST-ZIP	DELAND FL 32724	1.4 CITY-ST-ZIP	DeLand, FL 32720
TITLE	DC	2.1 TITLE	
NAME	DELL, SCOTT	2.2 NAME	
STREET ADDRESS	900 LEXINGTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000 32720	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	DS
NAME	WILLIAMS, LETTIE	3.2 NAME	Evan Keller
STREET ADDRESS	140 W. WATTS #6A	3.3 STREET ADDRESS	734 Lindley Blvd.
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	DeLand, FL 32724
TITLE	TR	4.1 TITLE	
NAME	ANDERSON, JOHN	4.2 NAME	
STREET ADDRESS	751 MOCKINGBIRD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99

(904) 734-4646

Date

Daytime Phone #

CR2E037 (5/99)