

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90071 011 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 712222 1. Entity Name THE CHRISTIAN AND MISSIONARY ALLIANCE CHURCH, INCORPORATED, 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-1623940	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANAMBURG, STEVEN E 740 BREEZY OAK COURT DELAND, FL 32724				7. Name and Address of New Registered Agent Name Greer, David L. Street Address (P.O. Box Number is Not Acceptable) 734 Lindley Blvd. City DeLand FL 32724	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>David L. Greer</i></u> David L. Greer 1/16/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIGHTOWER, WILLIAM 697 VASSAR ROAD DELAND, FL 32724	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD VAN AMBURG, STEVEN E 740 BREEZY OAK COURT DELAND, FL 32724	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL FEATHER, MERLIN C 216 W. WINNEMISSETT AVE DELAND, FL 32720	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINOCCHIARO, DANTE 650 HAZEN RD DELAND, FL 32720	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MERRILL, GLENN 704 S. MONTGOMERY AVE. DELAND, FL 32720	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Anderson, John 751 Mockingbird Ln. DeLand, FL 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Anderson, John 751 Mockingbird Ln. DeLand, FL 32720	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>David L. Greer</i></u> David L. Greer 1/16/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					