


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

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 712473 1. Entity Name THE CHRISTIAN AND MISSIONARY ALLIANCE FOUNDATION, INC.	
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Principal Place of Business C/O SHELL POINT VILLAGE 15000 SHELL POINT BLVD. STE 100 FT. MYERS, FL 33908	Mailing Address C/O SHELL POINT VILLAGE 15000 SHELL POINT BLVD. STE 100 FT. MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1166437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYS, PETER
15000 SHELL POIN BLVD
FORT MYERS, FL 33908

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARNOLD, RICHARD L 15475 GLENEAGLE DRIVE COLORADO SPRINGS, CO 80921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EASTMAN, RONALD 1200 MISTLETOE CT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEWITT, CHARLES 32 GALWAY DRIVE MENDHAM, NJ 07945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DYS, PETER 14731 FAIRHAVEN RD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LOCHRIDGE, TIM 7969 GATOR PALM DRIVE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DUSS, DONNA 5608 GOVERNOR'S POND CIRCLE ALEXANDRIA, VA 22310

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100000537480
05/09/06-80018-023 61.25

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:  4/27/06 239-454-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #