


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 712473					
1. Entity Name THE CHRISTIAN AND MISSIONARY ALLIANCE FOUNDATION, INC.					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-1166437	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DYS, PETER 15000 SHELL POIN BLVD FORT MYERS, FL 33908			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 '08		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNOLD, RICHARD L		NAME	U00000937682	
STREET ADDRESS	15475 GLENEAGLE DRIVE		STREET ADDRESS	05/27/08-80055-005 61.25	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80921		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EASTMAN, RONALD		NAME		
STREET ADDRESS	1200 MISTLETOE CT		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEWITT, CHARLES		NAME		
STREET ADDRESS	32 GALWAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MENDHAM, NJ 07945		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYS, PETER		NAME		
STREET ADDRESS	14731 FAIRHAVEN RD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOCHRIDGE, TIM		NAME		
STREET ADDRESS	7969 GATOR PALM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUSS, DONNA		NAME		
STREET ADDRESS	5608 GOVERNOR'S POND CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA, VA 22310		CITY-ST-ZIP		
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: <i>Peter Dys</i>			Date: 3-27-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone: 239-454-2156		