FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F95000004202 (6)

| DOCUMENT # F9500004202 (6) THE CHRISTIAN AND MISSIONARY ALLIANCE, INC. | | | | | | | | |
|--|--|-----------------------------|-----------------------------|--------------------------|---|------------------------------------|----------------------------|-------------------------------|
| | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | 8161 ## 116 ## 156 # | /IBIB 11816 W | (BE) |
| 8595 EXPLORER DRIVE COLORADO SPRINGS CO 80920 8595 EXPLORER DRIVE COLORADO SPRINGS CO 80920 | | | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 08/30/1995 | 3a. Date | of Last R | Report |
| Principal Place of Business 21 | | 2a. Mailing Address 26 | | | 4. FEI Number 13-1623940 | | Applied For Not Applicable | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | • - | Additional equired |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | • | May Be to Fees |
| Zip Country 4 25 | | Ζφ 29 | Zip Country | | B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| 24 | 9. Name and Address of Current | 1 | 1901 | | 10. Name and Address of New Re | | | |
| | | | 61 | Name | | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | 82 | Stree: A | ddress (P.O. Box Number is Not Acceptable | e) | | |
| PLANTATION FL 33324 | | | 83 | | | | | |
| | | | 84 | City | | FL | 85 Zip | Code |
| or registere | o the provisions of Sections 617.0502 and agent, or both, in the State of Florida h, and accept the obligations of, Section | a. Such change was authord | zed by the corp | named cor oration's t | poration submits this statement for the purpopard of directors. I hereby accept the appo | oose of chang intrnent as re | ging its re igistered a | gistered office agent. Lam |
| SIGNATURE _ | Signature, typed or printed name of registered agent a | ind title it applicable (No | OTE Registered Age | nt signature re | quired when reinstating) | DATE | | |
| 12. | OFFICERS AND DIRECTOR | | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND E |)IRECTOF | RS IN 12 |
| TITLE | CD XIDELETE | | 1.1 TITLE | | | | Change | Addition |
| NAME | ALFORD, PAUL L | | 1.2 NAME | | | | | |
| STREET ADDRESS | TOCCOA FALLS COLLEGE TOCCOA FALLS GA | | | T ADDRESS | | | | |
| CITY-ST-ZIP | VD | DELETE | 1.4 CHY-SI-ZIP 2.1 TITLE | | | | Change | Addition |
| TITLE | MIZELL SR., WILMER D | LJotterit | 2 2 NAME | | | _ | g- | |
| NAME STREET ADDRESS | 2520 NORMAN SHOAF ROAD | | | T ADDRESS | | | | |
| C-TY-ST-ZIP | WINSTON SALEM NC | | 2 4 CITY - | | | | | |
| TITLE | D DELETE | | 3 1 TITLE | ÿ. <u>I</u> | | |] Change | Addition |
| NAME | RAMBO, DAVID L | | 3 2 NAME | | | | | |
| STREET ADDRESS | 8595 EXPLORER DR. | | 3 3 STREE | T ADORESS | | | | |
| CITY - ST - ZIP | COLORADO SPRINGS CO | | 34 CITY | ST-ZIP | | | | |
| TITLE | D DELETE | | 4.1 TITLE | | | |) Change | Addition |
| NAME | BUBNA, PAUL F | | 4. 2 NAME | | | | | |
| STREET ADDRESS | 350 NORTH HIGHLAND AVE. | | 4 3 STREE | r address | | | | |
| CrTY-ST-ZIP | NYACK NY | | 4.4.CITY- | ST-ZIP | | | 1.0 | - Name |
| TITLE | D STATES STATISTS W | DELETE | 5.1 TITLE | | | L |] Change | Addition |
| NAME | GRUBBS, FRANCIS W | | 52 NAME | | | | | |
| STREET ADDRESS | 68 MISSOURI AVE. | | | T ADDRESS | | | | |
| CITY-ST-ZIP | VERMILLION OH | X DELETE | 5.4 CITY - | | D | |] Change | Addition |
| TITLE | D ALLEN THOMAS E | Morreit | 61 TITLE | | D Vinceid Paul | |) onunge | F2 Vandiou |
| NAME STREET ADDRESS | ALLEN, THOMAS E 1633 LAKE AVENUE | | 6 2 NAME 6 3 STREE | T ADDRESS | Kincaid, Ray L. P.O. Box 838 A/A | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Vice Presider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President for Finance/Treasurer 1/26/96 (719) 599-5999

Daytime Phone #