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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004202 (6)

1. Corporation Name

THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.

Principal Place of Business

Mailing Address

8595 EXPLORER DRIVE
COLORADO SPRINGS CO 809208595 EXPLORER DRIVE
COLORADO SPRINGS CO 80920-10123. Date Incorporated or Qualified
06/30/19953a. Date of Last Report
02/07/19964. FEI Number
13-1623940Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☒ DELETE
NAME ALFORD, PAUL L
STREET ADDRESS TOCCOA FALLS COLLEGE
CITY-ST-ZIP TOCCOA FALLS GA1.1 TITLE CD ☐ Change ☒ Addition
1.2 NAME Bailey, Richard W.
1.3 STREET ADDRESS 4913 Lucina Ct.
1.4 CITY-ST-ZIP Ft. Myers, FL 33908TITLE VD ☒ DELETE
NAME MIZELL SR., WILMER D
STREET ADDRESS 2520 NORMAN SHOAF ROAD
CITY-ST-ZIP WINSTON SALEM NC2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Thune, Robert L
2.3 STREET ADDRESS 404 South 108th Avenue
2.4 CITY-ST-ZIP Omaha, NE 68154TITLE D ☒ DELETE
NAME RAMBO, DAVID L
STREET ADDRESS 8595 EXPLORER DR.
CITY-ST-ZIP COLORADO SPRINGS CO3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Dillaman, Rockwell
3.3 STREET ADDRESS 250 E. Ohio Street
3.4 CITY-ST-ZIP Pittsburgh, PA 15212TITLE D ☐ DELETE
NAME BUBNA, PAUL F
STREET ADDRESS 350 NORTH HIGHLAND AVE.
CITY-ST-ZIP NYACK NY4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME GRUBBS, FRANCIS W
STREET ADDRESS 68 MISSOURI AVE.
CITY-ST-ZIP VERMILION OH5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME KINCAID, RAY L
STREET ADDRESS P.O. BOX 838 N/A
CITY-ST-ZIP BUCYRUS OH6.1 TITLE T ☐ Change ☒ Addition
6.2 NAME Lawrence L. McCooley
6.3 STREET ADDRESS 8595 Explorer Drive
6.4 CITY-ST-ZIP Colorado Springs, CO 80920

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lawrence L. McCooley* Lawrence L. McCooley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 719-599-5999

Date

Daytime Phone # 0076612

CP2E037 (9/96)