

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000004202**

1. Entity Name

**THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.**

Principal Place of Business

**8595 EXPLORER DRIVE  
COLORADO SPRINGS CO 80920**

Mailing Address

**8595 EXPLORER DRIVE  
COLORADO SPRINGS CO 80920**

2. Principal Place of Business

**8595 Explorer Drive**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 35000**

Suite, Apt. #, etc.

City &amp; State

**Colorado Springs, CO**

City &amp; State

**Colorado Springs, CO**

Zip

**80920**

Country

**USA**

Zip

**80935-3500**

Country

**USA**

4. FEI Number

**13-1623940**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>DAVEY, JAMES A</b>	
STREET ADDRESS	<b>15000 SHELL POINT BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33908-1698</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVEY, JAMES A</b>	
STREET ADDRESS	<b>15000 SHELL POINT BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33908-1698</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NANFELT, PETER N</b>	
STREET ADDRESS	<b>8595 EXPLORER DR.</b>	
CITY-ST-ZIP	<b>COLORADO SPRINGS CO 80920</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GOODIN, DAVID L</b>	
STREET ADDRESS	<b>308 ELMBURST STREET</b>	
CITY-ST-ZIP	<b>MORGANTOWN WV 26505</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WHEELAND, DUANE A</b>	
STREET ADDRESS	<b>8595 EXPLORER DR</b>	
CITY-ST-ZIP	<b>COLORADO SPRINGS CO 80920</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>POON, ABRAHAM H</b>	
STREET ADDRESS	<b>2360 MCLAUGHLIN AVE</b>	
CITY-ST-ZIP	<b>SAN JOSE CA 95122-3560</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Duane A. Wheeland*

1/17/02

719-265-2120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Duane A. Wheeland**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)