2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# F95000004202

Entity Name: THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.

Current Principal Place of Business:

8595 EXPLORER DRIVE
COLORADO SPRINGS, CO 80920

New Principal Place of Business:

Current Mailing Address:

PO BOX 35000
COLORADO SPRINGS, CO 809353500

New Mailing Address:

FEI Number: 13-1623940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DILLAMAN, ROCKWELL L DR.	
Address:	8595 EXPLORER DR.	
City-St-Zip:	COLORADO SPRINGS, CO 80920	
Title:	P	( ) Delete
Name:	NANFELT, PETER N	
Address:	8595 EXPLORER DR.	
City-St-Zip:	COLORADO SPRINGS, CO 80920	
Title:	S	( ) Delete
Name:	GOODIN, DAVID L	
Address:	8595 EXPLORER DR	
City-St-Zip:	COLORADO SPRINGS, CO 80920	
Title:	T	( ) Delete
Name:	WHEELAND, DUANE A	
Address:	8595 EXPLORER DR	
City-St-Zip:	COLORADO SPRINGS, CO 80920	
Title:	V	( ) Delete
Name:	POON, ABRAHAM H	
Address:	8595 EXPLORER DR	
City-St-Zip:	COLORADO SPRINGS, CO 80920	
Title:	D	( ) Delete
Name:	VANG, TIMOTHY T DR.	
Address:	8595 EXPLORER DR.	
City-St-Zip:	COLORADO SPRINGS, CO 80920	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	BENEDICT, GARY M	
Address:	8595 EXPLORER DR	
City-St-Zip:	COLORADO SPRINGS, CO 80920	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE A WHEELAND T 04/08/2005

Electronic Signature of Signing Officer or Director — Date