

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N16858	
1. Entity Name CHURCH FOR THE NATIONS OF THE CHRISTIAN & MISSIONARY ALLIANCE, INC.	
Principal Place of Business 1485 MILL SLOUGH RD KISSIMMEE, FL 34744	Mailing Address 1485 MILL SLOUGH RD KISSIMMEE, FL 34744



04092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2884295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRAF, JAMES 3213 AMBERLY PARK CIRCLE KISSIMMEE, FL 34743	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CZIAN, PAUL 1556 E OAKLEAF LANE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENCE, BOB 232 STRATHMORE CIRCLE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CINTRON, CARMEN 1425 SARA L ST KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, WYNN 1805 WEDGEWOOD WAY KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICENTE, ROSA 1425 SARA L ST KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000303277
04/13/05-80107-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Bob Pence **BOB PENCE** 4/10/05 (407) 344-8652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #