2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State
03-24-2006 90038 047 ****61.25

DOCUMENT # N16858

1. Entity Name
CHURCH FOR THE NATIONS OF THE CHRISTIAN & MISSIONARY ALLIANCE, INC.

Principal Place of Business	Mailing Address
1485 MILL SLOUGH RD KISSIMMEE, FL 34744	1485 MILL SLOUGH RD KISSIMMEE, FL 34744

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03042006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2884295
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~GRAF, JAMES~~
~~3213 AMBERLY PARK CIRCLE~~
~~KISSIMMEE, FL 34743~~

Paul Czigan
1556 E. Oak Leaf Lane
Kissimmee, FL 34744

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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 Paul Czigan MARCH 10, 2006
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD CZIGAN Pastor
NAME	~~CZIAN,~~ PAUL
STREET ADDRESS	1556 E OAKLEAF LANE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	TD Treasurer
NAME	PENCE, BOB
STREET ADDRESS	232 STRATHMORE CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	SD
NAME	~~CINTRON, CARMEN~~
STREET ADDRESS	~~1425 SARA L ST~~
CITY-ST-ZIP	~~KISSIMMEE, FL 34744~~
TITLE	~~D~~ Secretary
NAME	THOMAS, WYNN
STREET ADDRESS	1805 WEDGEWOOD WAY
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	D
NAME	~~VICENTE, ROSA~~
STREET ADDRESS	~~1425 SARA L ST~~
CITY-ST-ZIP	~~KISSIMMEE, FL 34744~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Paul Czigan