

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90032 020 \*\*\*\*61.25

**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



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04132008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

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  
**CZIGAN, PAUL**  
**1556 E OAK LEAF LANE**  
**KISSIMMEE, FL 34744**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CZIGAN, PAUL PASTOR	
STREET ADDRESS	1556 E OAKLEAF LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PENCE, BOB TREA	
STREET ADDRESS	232 STRATHMORE CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, WYNN	
STREET ADDRESS	1805 WEDGEWOOD WAY	
CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIEGO RODRIGUEZ	
STREET ADDRESS	1927 BINNACALE ST.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
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 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: Bob Pence **BOB PENCE**  4/13/08 (407) 506-4646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #