

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16858

FILED  
Aug 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1485 MILL SLOUGH RD  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1485 MILL SLOUGH RD  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 59-2884295      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CZIGAN, PAUL  
1556 E OAK LEAF LANE  
KISSIMMEE, FL 34744 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: VD ( ) Delete  
Name: CZIGAN, PAUL PASTOR  
Address: 1556 E OAKLEAF LANE  
City-St-Zip: KISSIMMEE, FL 34744

Title: TD ( ) Delete  
Name: PENCE, BOB TREA  
Address: 232 STRATHMORE CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744

Title: SD ( ) Delete  
Name: RODRIGUEZ, DIEGO  
Address: 1927 BINNACALE ST  
City-St-Zip: KISSIMMEE, FL 34744 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAUL CZIGAN

VD

08/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date