

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90552 003 ****61.25

DOCUMENT # N16858

1. Entity Name

**CHURCH FOR THE NATIONS OF THE CHRISTIAN & MISSIO
NARY ALLIANCE, INC.**



Principal Place of Business

**1485 MILL SLOUGH RD
KISSIMMEE FL 34744**

Mailing Address

**1485 MILL SLOUGH RD
KISSIMMEE FL 34744**

70013148



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

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

**GRAF, JAMES
854 COUNTRY CROSSING CT
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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** ☐ Delete
NAME **CZIAN, PAUL**
STREET ADDRESS **2530 MILL RUN BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **TD** ☐ Delete
NAME **PENCE, BOB**
STREET ADDRESS **232 STRATHMORE CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **SD** ☐ Delete
NAME **CINTRON, CARMEN**
STREET ADDRESS **2706 KENDALL AVE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **D** ☒ Delete
NAME **BARLEY, DAVID**
STREET ADDRESS **192 CLUB VILLAS LANE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **D** ☐ Delete
NAME **THOMAS, WYNN**
STREET ADDRESS **475 PRESTWICK PL**
CITY-ST-ZIP **POINCIANA FL 34759**

TITLE **D** ☐ Delete
NAME **VICENTE, ROSA**
STREET ADDRESS **2706 KENDALL AVE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1425 Sara L St**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1425 Sara L St**
CITY-ST-ZIP

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:

SIGNATURE REQUIRED James Graf

1/16/03 (407) 846-1959

CR2E037 (10/02)