| INC. |
|--------------------------------------|
| Current Principal Place of Business: |
| 15000 SHELL POINT BLVD. STE 100 |
| FT. MYERS, FL 33908 |
| |
| Current Mailing Address: |

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE CHRISTIAN AND MISSIONARY ALLIANCE FOUNDATION,

15000 SHELL POINT BLVD. STE 100 FT. MYERS, FL 33908

DOCUMENT# 712473

FEI Number: 59-1166437

Name and Address of Current Registered Agent:

RAINEY, BURKE 15000 SHELL POINT BLVD STE 100 FORT MYERS, FL 33908 US Certificate of Status Desired: No

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 | L BURKE RAINEY | | | 04/21/2022 |
|-----------------|--|-----------------|-------------------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | CHAIRMAN | Title | VC | |
| Name | O'FARRELL, MARK T DR. | Name | DUSS, DONNA J | |
| Address | 15000 SHELL POINT BLVD SUITE 100 | Address | 15000 SHELL POINT BLVD SUITE 100 | |
| City-State-Zip: | FORT MYERS FL 33908 | City-State-Zip: | FORT MYERS FL 33908 | |
| Title | S | Title | т | |
| Name | DEWITT, CHARLES B REV | Name | DAVIDSON, JOHN W | |
| Address | 15000 SHELL POINT BLVD SUITE 100 | Address | 15000 SHELL POINT BLVD SUITE 100 | |
| City-State-Zip: | FORT MYERS FL 33908 | City-State-Zip: | FORT MYERS FL 33908 | |
| Title | DIRECTOR | Title | DIRECTOR | |
| Name | ANDERSON, WANDA ESQ. | Name | CASS, PAUL T DR. | |
| Address | 15000 SHELL POINT BLVD SUITE 100 | Address | 15000 SHELL POINT BLVD SUITE 100 | |
| City-State-Zip: | FORT MYERS FL 33908 | City-State-Zip: | FORT MYERS FL 33908 | |
| Title | DIRECTOR | Title | DIRECTOR | |
| Name | CHRISTMAN, CHANLEY M | Name | GLENN, JAMES D DR. | |
| Address | 15000 SHELL POINT BLVD SUITE 100 | Address | 15000 SHELL POINT BLVD SUITE 100 | |
| City-State-Zip: | FORT MYERS FL 33908 | City-State-Zip: | FORT MYERS FL 33908 | |

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: L BURKE RAINEY

VP OF FINANCE / CFO

04/21/2022

Electronic Signature of Signing Officer/Director Detail

FILED Apr 21, 2022 Secretary of State 4794808570CC

Officer/Director Detail Continued :

| Title | DIRECTOR | Title | DIRECTOR |
|-----------------|---|-----------------|-------------------------------------|
| Name | HIBBARD, JAY | Name | SCALES, MICHAEL G DR. |
| Address | 15000 SHELL POINT BLVD SUITE 100 | Address | 15000 SHELL POINT BLVD SUITE 100 |
| City-State-Zip: | FORT MYERS FL 33908 | City-State-Zip: | FORT MYERS FL 33908 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | WHITE , ARCHIE L SR. | Name | COOK, NANCY D |
| Address | SUITE 100 | Address | 15000 SHELL POINT BLVD |
| City-State-Zip: | FORT MYERS FL 33908 | City-State-Zip: | FORT MYERS FL 33908 |
| Title | PRESIDENT, ASST. SECRETARY | Title | CFO, ASST. TREASURER |
| Name | SCHAPPELL, MARTIN | Name | RAINEY, L BURKE |
| Address | 15000 SHELL POINT BLVD SUITE 100 | Address | 15000 SHELL POINT BLVD SUITE 100 |
| City-State-Zip: | FORT MYERS FL 33908 | City-State-Zip: | FORT MYERS FL 33908 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | | Name | DYS, JEREMY ESQ. |
| Address | 15000 SHELL POINT BLVD. STE 100 | Address | 15000 SHELL POINT BLVD. STE 100 |
| City-State-Zip: | FT. MYERS FL 33908 | City-State-Zip: | FT. MYERS FL 33908 |
| T .0. | | Title | DIRECTOR |
| Title Name | | Name | BALDES, KEN |
| Address | PERMENTER, ETHAN 15000 SHELL POINT BLVD. | Address | 15000 SHELL POINT BLVD. STE 100 |
| City-State-Zip: | STE 100 FT. MYERS FL 33908 | City-State-Zip: | FT. MYERS FL 33908 |
| Title | DIRECTOR | | |
| Name | FLANDERS, TOM REV | | |
| Address | 15000 SHELL POINT BLVD. STE 100 | | |
| City-State-Zip: | FT. MYERS FL 33908 | | |