

FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
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02-22-1999 90146 028 ****61.25

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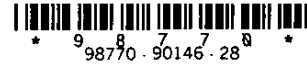
NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000006280

1. Corporation Name
CHRISTIAN COME ALIVE DELIVERANCE & CONFERENCE CENTER, INC.



Principal Place of Business
 3664 OLD DIXIE HIGHWAY
 BOYNTON BEACH FL

Mailing Address
 P.O. BOX 1573
 BOYNTON BEACH FL 33435
 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3466 OLD DIXIE HWY.	26	SAME AS ABOVE	12/27/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0548178	
City & State		City & State		5. Certificate of Status Desired	
23	BOYNTON BEACH, FLA.	28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24	33435	29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25	FLA	30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DARVILLE, WILLIAM L 516 N.W. 5TH STREET BOYNTON BEACH FL 33435				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARVILLE, WILLIAM L		1.2 NAME		
STREET ADDRESS	516 N.W. 5TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, ANNIE		2.2 NAME		
STREET ADDRESS	621 LATONA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, KAMISHA		3.2 NAME		
STREET ADDRESS	7277 WILLOW SPRING		3.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William L. Darville 1/5/99 561-732-1922
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)