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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400006280 1. Corporation Name

CHRISTIAN COME ALIVE DELIVERANCE & CONFERENCE CE NTER, INC.

Principal Place of Business

3664 OLD DIXIE HIGHWAY -BOYNTON BEACH FL

Mailing Address

P.O. BOX 1573 **BOYNTON BEACH FL 33435**

FILED Feb 22, 1999 8:00 am § Secretary of State

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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. 4. FEI Number 65-0548178 Not Applicable \$8.75 Additional Fee Required	2. Principal Pl	ace of Business OIN D'Y'E HWY 26 SAME	s AbovE	Date Incorporated or Qualifed 12/27/1994			
Section Sect	²¹ 3466		5 110000	1-1-1-1	App!	ied For	
City & State City & State City & Ci	— ''	···					
Stock Stoc	City & State City & State						
3. Name and Address of Current Registered Agent DARWLE. WILLIAM L 516 N.W. 5TH STREET BOYNTON BEACH FL 33435 46 City FL 95 Zip Code 11. Pursuant to the provisions of Sections 617,0902 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are 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, are 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, are 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, are 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, are 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, are both in the State of Florida. Such change was suthorized by the corporation's board of directors, i hereby accept the appointment as registered agent, are 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, are both in the proposed agent agent and the appo	Zip Country Q Zip Cour						
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DARWELE, WILLIAM L 516 N.W. 5TH STREET BOYNTON BEACH FL 33435 44 City FL 83 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named 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 Signature, Speed prevent name of registered agent and the 8 applicable. NOTE: Registered Agent septiature required agent registered agent septiature required agent registered agent septiature required agent registered agent septiature. DARVILLE, WILLIAM L STREET ADDRESS OTY-51-2P DARVILLE, WILLIAM L STREET ADDRESS OTY-51-2P AddSton DALIEN, ANNIE 22 NAME 23 STREET ADDRESS OTY-51-2P DELETE 31 TITLE Change AddSton LAKE WORTH FL 33460 DELETE 41 TITLE Change AddSton ALIEN, ANNIE 22 NAME 33 STREET ADDRESS CHY-51-2P DELETE 41 TITLE Change AddSton ALIEN, ANNIE 43 TINEE Change AddSton Change AddSton ALIEN, ANNIE 34 STREET ADDRESS CHY-51-2P TITLE Change AddSton Change A	Harrie and Address of Current Hogestone Angelia						
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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 tike empowered.

561-732-1922