


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90036 026 \*\*\*\*61.25

DOCUMENT # N94000006280			
1. Entity Name CHRISTIAN COME ALIVE DELIVERANCE & CONFERENCE CENTER, INC.			
Principal Place of Business 3466 OLD DIXIE HWY BOYNTON BEACH FL 33435		Mailing Address P.O. BOX 1573 BOYNTON BEACH FL 33435 US	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0548178		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARVILLE, WILLIAM L 516 N.W. 5TH STREET BOYNTON BEACH FL 33435		7. Name and Address of New Registered Agent Name: <u>Annie Allen Darville</u> Street Address (P.O. Box Number if Not Applicable): <u>516 N.W. 5th St.</u> <u>BOYNTON BEACH, FL.</u> City: <u>FL</u> Zip Code: <u>33435</u>	
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: <u>William L. Darville</u>		DATE: <u>7/29/05</u>	
FILE NOW: FEE IS \$61.25 Due By September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <u>D</u> NAME: <u>DARVILLE, WILLIAM L</u> STREET ADDRESS: <u>516 N.W. 5TH ST</u> CITY-ST-ZIP: <u>BOYNTON BEACH FL 33435</u> <u>Can Continue</u> <u>Founder</u> <u>is pick</u> <u>President</u>	<input checked="" type="checkbox"/> Delete	TITLE: <u>Pres.</u> NAME: <u>Kenneth LeRoy Carter</u> STREET ADDRESS: <u>2217 Crawford Ave</u> CITY-ST-ZIP: <u>FT. MYERS, FL 33916</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <u>Secretary</u> NAME: <u>ALLEN, ANNIE</u> STREET ADDRESS: <u>621 LATONA AVE</u> CITY-ST-ZIP: <u>LAKE WORTH FL 33460</u>	<input type="checkbox"/> Delete	TITLE: <u>Secy</u> NAME: <u>Kamisha Thomas</u> STREET ADDRESS: <u>6297 Nemely Circle</u> CITY-ST-ZIP: <u>FT. MYERS, FL 33916</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <u>Pastor</u> NAME: <u>CARTER, KAMISHA</u> STREET ADDRESS: <u>7277 WILLOW SPRING</u> CITY-ST-ZIP: <u>LANTANA FL 33482</u>	<input type="checkbox"/> Delete	TITLE: <u>Pastor</u> NAME: <u>Annie Allen Darville</u> STREET ADDRESS: <u>516 N.W. 5th St.</u> CITY-ST-ZIP: <u>BOYNTON BEACH, FL. 33435</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Annie Allen Darville</u>		DATE: <u>7/29/05</u> Daytime Phone #: <u>561-367 0950</u>	