

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006280

FILED
Jul 29, 2008
Secretary of State

Entity Name: CHRISTIAN COME ALIVE DELIVERANCE & CONFERENCE CENTER, INC.

Current Principal Place of Business:

3466 OLD DIXIE HWY
BOYNTON BEACH, FL 33435

New Principal Place of Business:

3466 OLD DIXIE HWY
BOYNTON BEACH, FL 33435 US

Current Mailing Address:

P.O. BOX 1573
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 65-0548178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DARVILLE, ANNIE A
516 NORTHWEST 5TH STREET
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARTER, KENNETH L
Address: 2217 CRAWFORD AVENUE
City-St-Zip: FORT MYERS, FL 33916

Title: PTNR () Delete
Name: DARVILLE, ANNIE ALLEN
Address: 516 NORTHWEST 5TH STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete
Name: CANADY, KIMBERLY
Address: 3911 13TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S () Delete
Name: THOMAS, KAMISHA
Address: 6297 DEMERY CIRCLE
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CARTER, KENNETH L
Address: 2217 CRAWFORD AVENUE
City-St-Zip: FORT MYERS, FL 33916 US

Title: PAST (X) Change () Addition
Name: DARVILLE, ANNIE ALLEN
Address: 516 NORTHWEST 5TH STREET
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: T (X) Change () Addition
Name: CANADY, KIMBERLY
Address: 3911 13TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: S (X) Change () Addition
Name: THOMAS, KAMISHA
Address: 6297 DEMERY CIRCLE
City-St-Zip: FORT MYERS, FL 33916 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANNIE DARVILLE

Electronic Signature of Signing Officer or Director

PAST

07/29/2008

Date