

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 18, 2009  
Secretary of State**

DOCUMENT# N94000006280

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

**Current Principal Place of Business:**

3466 OLD DIXIE HWY  
BOYNTON BEACH, FL 33435 US

**New Principal Place of Business:**

3466 OLD DIXIE HWY  
DELRAY BEACH, FL 33483 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 ( )

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 ALLEN DARVILLE

PAST

04/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date