

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006280

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3466 OLD DIXIE HWY  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANNIE ALLEN DARVILLE

PAST

03/23/2011

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

\_\_\_\_\_  
Date