

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006280

FILED
Feb 29, 2012
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 M DARVILLE

PAST

02/29/2012

Electronic Signature of Signing Officer or Director

Date