2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2018
Secretary of State
CC6858311434

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Entity Name: ALIVE CAMP INC.

Current Principal Place of Business:

12 CYPRESS POINT COURT
ORMOND BEACH, FL 32174

Current Mailing Address:

12 CYPRESS POINT COURT
ORMOND BEACH, FL 32174 US

FEI Number: 82-1408242

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GEIGER, STEVEN
304 QUAKER RIDGE DRIVE
DAYTONA BEACH, FL 32119 US

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

Officer/Director Detail :

Title	DP
Name	CREGGAR, MELISSA
Address	12 CYPRESS POINT COURT
City-State-Zip:	ORMOND BEACH FL 32174

Title	T
Name	CREGGAR, WADE
Address	12 CYPRESS POINT COURT
City-State-Zip:	ORMOND BEACH FL 32174

Title	S
Name	CREGGAR, MADISON
Address	12 CYPRESS POINT COURT
City-State-Zip:	ORMOND BEACH FL 32174

Title	S
Name	GONTER, MICHAEL
Address	34 REFLECTIONS VILLAGE DRIVE
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	GONTER, STEPHAINE
Address	34 REFLECTIONS VILLAGE DRIVE
City-State-Zip:	ORMOND BEACH FL 32174

Title	DV
Name	GEIGER, STEVEN
Address	304 QUAKER RIDGE DRIVE
City-State-Zip:	DAYTONA BEACH FL 32119

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: WADE CREGGAR TREASURER 03/25/2018

Electronic Signature of Signing Officer/Director Detail — Date