

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000004714

**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  
12 ROXLAND LANE  
PALM COAST, FL 32164 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 825 N. RIDGEWOOD AVE  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name GONTER, STEPHAINE  
Address 825 N. RIDGEWOOD AVE.  
City-State-Zip: ORMOND BEACH FL 32174

Title DV  
Name GEIGER, STEVEN  
Address 12 ROXLAND LANE  
City-State-Zip: PALM COAST FL 32164

*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**

05/20/2019

Electronic Signature of Signing Officer/Director Detail

Date