

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000004714

**Entity Name:** ALIVE MINISTRIES IN CHRIST, INC.

**Current Principal Place of Business:**

3659 PINYON LN  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

3659 PINYON LN  
ORMOND BEACH, FL 32174

**FEI Number: 82-1408242**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CREGGAR, MISSY  
3659 PINYON LANE  
ORMOND BEACH, FL 32174 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            PRESIDENT  
Name            CREGGAR, MELISSA VANN  
Address        3659 PINYON LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title            TREASURER  
Name            CREGGAR, WADE  
Address        3659 PINYON LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title            SECRETARY  
Name            DEWEESE, MADISON CREGGAR  
Address        18 OAKWOOD PARK  
City-State-Zip: ORMOND BEACH FL 32174

Title            ASST. SECRETARY  
Name            GONTER, MICHAEL  
Address        825 N. RIDGEWOOD AVE  
City-State-Zip: ORMOND BEACH FL 32174

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

Title            OFFICER  
Name            CREGGAR, MIRANDA HOPE  
Address        1724 LEXINGTON TRACE  
City-State-Zip: MURFREESBORO TN 37130

Title            OFFICER  
Name            THOMPSON, BRANDY  
Address        204 N. BRIGHTON DRIVE  
City-State-Zip: PORT ORANGE FL 32127

*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 A. CREGGAR**

**TREASURER**

**04/15/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date