

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000006991

**Entity Name:** ALIVE CHAPEL, INC

**Current Principal Place of Business:**

356 NELLIE DR  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

356 NELLIE DR  
SANTA ROSA BEACH, FL 32459

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PLAUCHE, CHARLES  
356 NELLIE DR  
SANTA ROSA BEACH, FL 32459 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 P  
Name PLAUCHE, CHARLES  
Address PO BOX 2143  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title VP  
Name WILLIAMS, JUSTIN  
Address PO BOX 2143  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title T  
Name WELBORN, JAMES  
Address PO BOX 2143  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** CHARLES PLAUCHE

PRES/TRUS

03/09/2023

Electronic Signature of Signing Officer/Director Detail

Date