

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

DOCUMENT# N21000012454

**Entity Name:** ALIVE CHURCH OF FLORIDA, INC.

**Current Principal Place of Business:**

2665 N ATLANTIC AVE  
SUITE 136  
DAYTONA BEACH, FL 32118

**Current Mailing Address:**

2665 N ATLANTIC AVE  
SUITE 136  
DAYTONA BEACH, FL 32118

**FEI Number: 87-3313826**

**Certificate of Status Desired: Yes**

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

CHIVINGTON, RYAN  
2665 N ATLANTIC AVE  
SUITE 136  
DAYTONA BEACH, FL 32118 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 CHIVINGTON, RYAN  
Address 2665 N ATLANTIC AVE SUITE 136  
City-State-Zip: DAYTON BEACH FL 32118

Title DIR  
Name AROCHO, SAMUEL  
Address 10196 SALI DR.  
City-State-Zip: ORLANDO FL 32817

Title SEC  
Name MACLELLAN, ARTUR  
Address 211 WESTERLY AVE  
City-State-Zip: STATE COLLEGE PA 16801

Title DIR  
Name PALERMO, TROY  
Address 6665 STENTEN STREET  
City-State-Zip: WORTHINGTON OH 43085

Title DIR  
Name BLACKLEDGE, AARON  
Address 690 CLARIDON NORTHERN RD.  
City-State-Zip: CALEDONIA OH 43314

Title DIR  
Name CHIVINGTON, AARON  
Address 547 EDWARDS CT  
City-State-Zip: YELLOW SPRINGS OH 45387

*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: RYAN CHIVINGTON**

**PRESIDENT**

**05/12/2023**

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

\_\_\_\_\_  
Date