

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006280

Entity Name: CHRISTIAN COME ALIVE DELIVERANCE & CONFERENCE CENTER, INC.

**FILED
Mar 31, 2015
Secretary of State
CC9380669759**

Current Principal Place of Business:

3466 OLD DIXIE HWY
DELRAY BEACH, FL 33483

Current Mailing Address:

P.O. BOX 1573
BOYNTON BEACH, FL 33435 US

FEI Number: 65-0548178

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DARVILLE, ANNIE M
516 NORTHWEST 5TH STREET
BOYNTON BEACH, FL 33435 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 PRES
Name CARTER, KENNETH L
Address 2217 CRAWFORD AVENUE
City-State-Zip: FORT MYERS FL 33916

Title PAST
Name DARVILLE, ANNIE ALLEN
Address 516 NORTHWEST 5TH STREET
City-State-Zip: BOYNTON BEACH FL 33435

Title T
Name CANADY, KIMBERLY
Address 3911 13TH ST W
City-State-Zip: LEHIGH ACRES FL 33971

Title S
Name THOMAS, KAMISHA
Address 6297 DEMERY CIRCLE
City-State-Zip: FORT MYERS FL 33916

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: ANNIE ALLEN DARVILLE

PASTOR

03/31/2015

Electronic Signature of Signing Officer/Director Detail

Date