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

DOCUMENT# N9400006280

Entity Name: CHRISTIAN COME ALIVE DELIVERANCE & CONFERENCE

CENTER, INC.

# **Current Principal Place of Business:**

516 N.W. 5TH STREET BOYNTON BEACH, FL 33435

## **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

**FILED** Apr 27, 2023

**Secretary of State** 

2598367231CC

### Officer/Director Detail:

Title PAST Title Т

Name DARVILLE, ANNIE ALLEN Name CANADY, KIMBERLY Address 516 NORTHWEST 5TH STREET Address 3911 13TH ST W

City-State-Zip: BOYNTON BEACH FL 33435 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

PRESIDENT/PASTOR

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date