

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000006280

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

**FILED**  
**Apr 09, 2024**  
**Secretary of State**  
**4753958285CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 65-0548178**

**Certificate of Status Desired: Yes**

**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 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/PRESIDENT

04/09/2024

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

\_\_\_\_\_  
Date