


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90022 045 ****61.25

| | | | |
|---|--|--|--|
| DOCUMENT # 760903 1. Entity Name CHRIST ALIVE MINISTRIES, INC. | |  | |
| Principal Place of Business 100 BERNARD ROAD JACKSONVILLE FL 32218 US | | Mailing Address 1344 STARRATT RD JACKSONVILLE FL 32218 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 1083 GALLANT FOX CIR S Suite, Apt. #, etc. | |
| City & State JAX FLA | | City & State JAX FLA | |
| Zip 32218 | Country USA | Zip 32218 | Country USA |
| 6. Name and Address of Current Registered Agent GAYLE, O.J. JR 1344 STARRATT RD JACKSONVILLE FL 32218 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1083 GALLANT FOX CIR S City JAX. <div style="display: inline-block; border: 1px solid black; padding: 2px;"> FL </div> Zip Code 32218 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div> | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <div style="float: right;"> \$5.00 May Be Added to Fees </div> | |
| | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GAYLE, LINDA L 1344 STARRATT RD JACKSONVILLE FL 32218 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 1083 GALLANT FOX CIR S JAX FLA 32218 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CLARK, WILLARD 47 BERI DR ASHEVILLE NC 28806 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD GAYLE, O.J. JR 1344 STARRATT RD JACKSONVILLE FL 32218 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 1083 GALLANT FOX CIR S JAX FLA 32218 |
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MOORE CR2E037 (11/03)

4. FEI Number **59-2176616** ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

SIGNATURE:

[Signature] **O.J. GAYLE JR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-04 904-757-7839