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

SIGNATURE:

Jan 29, 2004 8:00 am Secretary of State DOCUMENT # 760903 1. Entity-Name 01-29-2004 90022 045 ****61.25 CHRIST ALIVE MINISTRIES, INC. Principal Place of Business Mailing Address 100 BERNARD ROAD 1844 STARRATT RD JACKSONVILLE FL 32218 US JACKSONVILLE FL 32218 3. Mailing Address 1083 GAMMAY+ Fox Cil 5 2. Principal Place of Business Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2176616 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired 2218 Fee Required DUVAI 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAYLE, O.J. JR 1344 STARATT RD Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32218 City JAX. てて 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 Signature, typed or printed name of registered agent and litle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE zi-enange ■ Addition GAYLE, LINDA L NAME NAME 1083 GALLANT FOX CIRS 1344-STARRATT-RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition CLARK, WILLARD NAME NAME 47 BERI DR STREET ADDRESS STREET ADDRESS ASHEVILLE NC 28806 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition 1083 GALLANT FOX CIA NAME GAYLE, O.J., JR NAME 1344 STARRATT RD STREET ADDRESS STREET ADDRESS SAX F/A 32218 JACKSONVILLE FL 32218 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED