


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90021 043 ****61.25

DOCUMENT # 760903 1. Entity Name CHRIST ALIVE MINISTRIES, INC.					
Principal Place of Business 100 BERNARD ROAD JACKSONVILLE FL 32218 US			Mailing Address 1083 GALLANT FOX CIR 5 JACKSONVILLE FL 32218 US		
2. Principal Place of Business - No P.O. Box # 13567 SADDLEBACK TRAIL Suite, Apt. #, etc.		3. Mailing Address 13567 SADDLEBACK TRAIL Suite, Apt. #, etc.			
City & State JAX FLA		City & State JAX FLA		4. FEI Number 59-2176616	
Zip 32220		Country PUVA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAYLE, O.J. JR 1083 GALLANT FOX CIR 5 JACKSONVILLE FL 32218			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13567 SADDLEBACK TRAIL City JAX <div style="display: flex; justify-content: space-between;"> FL Zip Code 32220 </div>		
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 O.J. Gayle JR 2.6.08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME GAYLE, LINDA L STREET ADDRESS 1083 GALLANT FOX CIR 5 CITY-ST-ZIP JACKSONVILLE FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 13567 SADDLEBACK TRAIL JAX FLA 32220	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD CLARK, WILLARD 47 BERI DR ASHEVILLE NC 28806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD GAYLE, O.J., JR 1083 GALLANT FOX CIR 5 JACKSONVILLE FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 13567 SADDLEBACK TRAIL JAX FLA 32220	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.					
SIGNATURE: O.J. Gayle JR			2.6.08 90021-266-9651		