

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 Mailing Address
 100 BERNARD ROAD JACKSONVILLE FL 32218 US
 1083 GALLANT FOX CIR 5 JACKSONVILLE FL 32218 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
13567 SADDLEBACK TRAIL *13567 SADDLEBACK TRAIL*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State *JAX FLA* City & State *JAX FLA*
 Zip *32220* Country *FLA* Zip *32220* Country *FLA*

4. FEI Number **59-2176616** Applied For Not Applicable
 5. Certificate of Status Desired \$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* State **FL** Zip Code *32220*

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* DATE *2.6.08*
Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GAYLE, LINDA L	
STREET ADDRESS	1083 GALLANT FOX CIR 5	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARK, WILLARD	
STREET ADDRESS	47 BERI DR	
CITY-ST-ZIP	ASHEVILLE NC 28806	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GAYLE, O.J., JR	
STREET ADDRESS	1083 GALLANT FOX CIR 5	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>13567 SADDLEBACK TRAIL</i>	
CITY-ST-ZIP	<i>JAX FLA 32220</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>13567 SADDLEBACK TRAIL</i>	
CITY-ST-ZIP	<i>JAX FLA 32220</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* DATE: *2.6.08* 904-266-9651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR