

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760903

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** CHRIST ALIVE MINISTRIES, INC.

**Current Principal Place of Business:**

13567 SADDLE BACK TRAIL  
JACKSONVILLE, FL 32220 US

**New Principal Place of Business:**

**Current Mailing Address:**

13567 SADDLE BACK TRAIL  
JACKSONVILLE, FL 32220 US

**New Mailing Address:**

**FEI Number:** 59-2176616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAYLE, O.J. JR  
13367 SADDLE BACK TRAIL  
JACKSONVILLE, FL 32220 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** GAYLE, LINDA L  
**Address:** 13567 SADDLEBACK TRAIL  
**City-St-Zip:** JACKSONVILLE, FL 32220

**Title:** VD  
**Name:** CLARK, WILLARD  
**Address:** 47 BERI DR  
**City-St-Zip:** ASHEVILLE, NC 28806

**Title:** STD  
**Name:** GAYLE, O.J., JR  
**Address:** 13567 SADDLEBACK TRAIL  
**City-St-Zip:** JACKSONVILLE, FL 32220

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:** O.J. GAYLE JR.

STD

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date