FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **761791** **(3)**

1. Corporation Name
CHURCH ALIVE , INCORPORATED

Principal Place of Business	Mailing Address
1835 OVERLOOK DR., S.E. WINTER HAVEN FL 33884 US	P.O. BOX 9212 WINTER HAVEN FL 33883-9212 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1982
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-2163567 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

YATES (SHARON R.)
1835 OVERLOOK DRIVE, S.E.
WINTER HAVEN FL 33883

10. Name and Address of New Registered Agent

81 Name: Sharon R. Yates
82 Street Address (P.O. Box Number is Not Acceptable): 3929 Crump Rd.
83:
84 City: Lake Hamilton FL 85 Zip Code: 33851

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Sharon R. Yates — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 5/2/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	YATES (GERALD E.)	12 NAME	
STREET ADDRESS	1835 OVERLOOK DRIVE, SE	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	BROOKS (C. L.)	22 NAME	
STREET ADDRESS	P.O. BOX 9212 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	STD ☐ Change ☐ Addition
NAME	YATES (SHARON R.)	32 NAME	Yates (Sharon R.)
STREET ADDRESS	1835 OVERLOOK DRIVE, SE	33 STREET ADDRESS	3929 Crump Rd
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP	Lake Hamilton FL 33851
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald E. Yates — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Gerald E. Yates — Date: 5/2/95

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