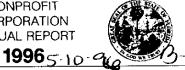
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NONPROFIT **CORPORATION** ANNUAL REPORT



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

761791 DOCUMENT #

(3)

CHURCH ALIVE, INCORPORATED

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

96 MAY 10 PM 2: 59



Principal Place of Business Mailing Address				* 144411 14414 1441 14414 14414 14141 1	-u- u-u u-u u-u u-u u-u	Brail 1881
1835 OVERLOOK DR., S.E. WINTER HAVEN FL 33884		P.O. BOX 9212				
WINTER HAVE	1 FL 38884	WINTER HAVEN FL 33883 US	F3212		T 20 D-1	Decet
				3. Date Incorporated or Qualified 02/08/1982	3a. Date of Last Report 05/01/1995	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number		Applied For
3929	Crump Rd.	26		59-2163567		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
22		27		6.5		<u>'</u>
City & State	Hamilton, FL	City & State		Election Campaign Financing Trust Fund Contribution	1 1	00 May Be ed to Fees
23 Lake Zip	Country	Zip	Country	8. This corporation has liability for in		
24 33851		29	30	Florida Statutes	Yes 🔀 No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
			81 Name			
YATES, S	HARON R		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
	IMP ROAD					
LAKE HA	MILTON FL 33851		83			
			84 City		85 Z	ip Code
				pration submits this statement for the purp	FL of the series its	ropintored eff.
familiar with	n, and accept the obligations of, Section	n 617.0503, Florida Statutes.		ard of directors. Thereby accept the appo		
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title it applicable (NOT	E. Registered Agent signature require	red when reinstaling)	DATE	
SIGNATURE _	Signature, typed or printed hante of registored agent a OFFICERS AND		E Registered Agent signaturd require 13.	ed wher reinstaling) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	
						ORS IN 12
12.	OFFICERS AND PD YATES (GERALD E.)	DIRECTORS	13.		CERS AND DIRECT	
12.	PD YATES (GERALD E.) 1835 OVERLOOK DRIVE, SE	DIRECTORS	13. 1.1 TITLE		CERS AND DIRECT	
12. TITLE NAME	OFFICERS AND PD YATES (GERALD E.) 1835 OVERLOOK DRIVE, SE WINTER HAVEN FL	DIRECTORS DELETE	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY – ST – ZIP		CERS AND DIRECT	Addition
12. TITLE NAME STREET ADDRESS	PD YATES (GERALD E.) 1835 OVERLOOK DRIVE, SE WINTER HAVEN FL TD	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		CERS AND DIRECT	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD YATES (GERALD E.) 1835 OVERLOOK DRIVE, SE WINTER HAVEN FL TD BROOKS (C. L.)	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		CERS AND DIRECT	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	PD YATES (GERALD E.) 1835 OVERLOOK DRIVE, SE WINTER HAVEN FL TD BROOKS (C. L.) P.O. BOX 9212 N/A	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		CERS AND DIRECT	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE	PD YATES (GERALD E.) 1835 OVERLOOK DRIVE, SE WINTER HAVEN FL TD BROOKS (C. L.) P.O. BOX 9212 N/A WINTER HAVEN FL STD	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		CERS AND DIRECT	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD YATES (GERALD E.) 1835 OVERLOOK DRIVE, SE WINTER HAVEN FL TD BROOKS (C. L.) P.O. BOX 9212 N/A WINTER HAVEN FL STD YATES, SHARON R.	DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		CERS AND DIRECT Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD YATES (GERALD E.) 1835 OVERLOOK DRIVE, SE WINTER HAVEN FL TD BROOKS (C. L.) P.O. BOX 9212 N/A WINTER HAVEN FL STD YATES, SHARON R. 3929 CRUMP RD	DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		CERS AND DIRECT Change	Addition
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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.

Gerald E. Yates 5-7-96 941-439-5572

BOALTURE:

Date

Obstine Phone is

SIGNATURE:

941-439-5572