


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **761791** (3)

1. Corporation Name

CHURCH ALIVE, INCORPORATED

Principal Place of Business

Mailing Address

3929 CRUMP RD.
LAKE HAMILTON FL 33851
US

P.O. BOX 9212
WINTER HAVEN FL 33883-9212
US

3. Date Incorporated or Qualified

02/08/1982

4. FEI Number

59-2163567

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

YATES, SHARON R
3929 CRUMP ROAD
LAKE HAMILTON FL 33851

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rehashing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD YATES (GERALD E.)**
STREET ADDRESS **1835 OVERLOOK DRIVE, SE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE
NAME **TD BROOKS (C. L.)**
STREET ADDRESS **P.O. BOX 9212 N/A**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE
NAME **STD YATES, SHARON R.**
STREET ADDRESS **3929 CRUMP RD**
CITY-ST-ZIP **LAKE HAMILTON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **TD Martha Smith**
1.3 STREET ADDRESS **1119 Bloom Hill Ave.**
1.4 CITY-ST-ZIP **Valrico, FL 33594**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Tr Wilbur Wells**
2.3 STREET ADDRESS **4325 Wolf Pond Rd.**
2.4 CITY-ST-ZIP **Monroe, NC 28112**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Tr Cindy Wells**
3.3 STREET ADDRESS **4325 Wolf Pond Rd.**
3.4 CITY-ST-ZIP **Monroe, NC 28112**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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

8-30-98

Date

Daytime Phone #

CR2E037 (5/98)