

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761791

1. Entity Name

CHURCH ALIVE, INCORPORATED

Principal Place of Business

3929 CRUMP RD.
LAKE HAMILTON FL 33851
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YATES, SHARON R
3929 CRUMP ROAD
LAKE HAMILTON FL 33851

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	YATES (GERALD E.)	
STREET ADDRESS	1835 OVERLOOK DRIVE, SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROOKS (C. L.)	
STREET ADDRESS	P.O. BOX 9212 N/A	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	YATES, SHARON R.	
STREET ADDRESS	3929 CRUMP RD	
CITY-ST-ZIP	LAKE HAMILTON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, MARTHA	
STREET ADDRESS	1119 BLOOM HILL AVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TR	<input type="checkbox"/> Delete
NAME	WELLS, WILBUR	
STREET ADDRESS	4325 WOLF POND RD	
CITY-ST-ZIP	MONROE NC 28112	
TITLE	TR	<input type="checkbox"/> Delete
NAME	WELLS, CINDY	
STREET ADDRESS	4325 WOLF POND RD	
CITY-ST-ZIP	MONROE NC 28112	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 exemption stated in Section 119.07(3)(i), 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: *Signature of Gerald E. Yates* **GERALD E. YATES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

Date

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90022 006 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2163567** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)