

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91703 045 \*\*\*\*61.25

**DOCUMENT # 761791**

1. Entity Name

**CHURCH ALIVE I, 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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2163567**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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	LAKE HAMILTON FL				
TD	SMITH, MARTHA	1119 BLOOM HILL AVE	VALRICO FL 33594				
TR	WELLS, WILBUR	4325 WOLF POND RD	MONROE NC 28112				
TR	WELLS, CINDY	4325 WOLF POND RD	MONROE NC 28112				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)