

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761791

FILED
Feb 03, 2007
Secretary of State

Entity Name: CHURCH ALIVE I, INCORPORATED

Current Principal Place of Business:

3929 CRUMP RD.
LAKE HAMILTON, FL 33851 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9212
WINTER HAVEN, FL 338839212 US

New Mailing Address:

FEI Number: 59-2163567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YATES, SHARON R
3929 CRUMP ROAD
LAKE HAMILTON, FL 33851 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YATES (GERALD E.),
Address: 1835 OVERLOOK DRIVE, SE
City-St-Zip: WINTER HAVEN, FL

Title: TD () Delete
Name: BROOKS (C. L.),
Address: P.O. BOX 9212 N/A
City-St-Zip: WINTER HAVEN, FL

Title: STD () Delete
Name: YATES, SHARON R.
Address: 3929 CRUMP RD
City-St-Zip: LAKE HAMILTON, FL

Title: TD () Delete
Name: SMITH, MARTHA
Address: 1119 BLOOM HILL AVE
City-St-Zip: VALRICO, FL 33594

Title: TR () Delete
Name: WELLS, WILBUR
Address: 4325 WOLF POND RD
City-St-Zip: MONROE, NC 28112

Title: TR () Delete
Name: WELLS, CINDY
Address: 4325 WOLF POND RD
City-St-Zip: MONROE, NC 28112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD E YATES

PA

02/03/2007

Electronic Signature of Signing Officer or Director

Date