2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761791

FILED Apr 15, 2008 Secretary of State

Entity Name: CHURCH ALIVE !, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

3929 CRUMP RD.

LAKE HAMILTON, FL 33851 US

Current Mailing Address: New Mailing Address:

P.O. BOX 9212

WINTER HAVEN, FL 338839212 US

FEI Number: 59-2163567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YATES, SHARON R
3929 CRUMP ROAD
BROOKS, SHARON R
3929 CRUMP ROAD

LAKE HAMILTON, FL 33851 US LAKE HAMILTON, FL 33851 US

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: SHARON R. BROOKS

SHARON R. BROOKS 04/15/2008

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 YATES (GERALD E.),
 Name:
 YATES (GERALD E.),

 Address:
 1835 OVERLOOK DRIVE, SE
 Address:
 3929 CRUMP RD

City-St-Zip: WINTER HAVEN, FL City-St-Zip: LAKE HAMILTON, FL 33851

Title: TD () Delete Title: () Change () Addition

 Name:
 BROOKS (C. L.),
 Name:

 Address:
 P.O. BOX 9212 N/A
 Address:

 City-St-Zip:
 WINTER HAVEN, FL
 City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 YATES, SHARON R.
 Name:
 BROOKS, SHARON R.

 Address:
 3929 CRUMP RD
 Address:
 3929 CRUMP RD

 City-St-Zip:
 LAKE HAMILTON, FL
 City-St-Zip:
 LAKE HAMILTON, FL

Title: TD () Delete Title: () Change () Addition

 Name:
 SMITH, MARTHA
 Name:

 Address:
 1119 BLOOM HILL AVE
 Address:

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:

Title: TR () Delete Title: () Change () Addition

 Name:
 WELLS, WILBUR
 Name:

 Address:
 4325 WOLF POND RD
 Address:

 City-St-Zip:
 MONROE, NC 28112
 City-St-Zip:

Title: TR () Delete Title: () Change () Addition

 Name:
 WELLS, CINDY
 Name:

 Address:
 4325 WOLF POND RD
 Address:

 City-St-Zip:
 MONROE, NC 28112
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 DIR 04/15/2008

Electronic Signature of Signing Officer or Director

Date