

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004894

FILED  
Feb 04, 2006  
Secretary of State

**Entity Name:** CHUCK PETERSON MINISTRIES: ALIVE & WELL, INC.

**Current Principal Place of Business:**

12857 IVORY STONE LOOP  
FORT MYERS, FL 33913

**New Principal Place of Business:**

9700 BLUE STONE CIRCLE  
FORT MYERS, FL 33913

**Current Mailing Address:**

12857 IVORY STONE LOOP  
FORT MYERS, FL 33913

**New Mailing Address:**

9700 BLUE STONE CIRCLE  
FORT MYERS, FL 33913

**FEI Number:** 41-1913929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PETERSON, CHUCK  
12857 IVORY STONE LOOP  
FORT MYERS, FL 33913 US

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

PETERSON, CHUCK  
9700 BLUE STONE CIRCLE  
FORT MYERS, FL 33913 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: CHUCK PETERSON

02/04/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: LINDER, DAVE  
Address: 5438 132ND STREET  
City-St-Zip: SAVAGE, MN 55378

Title: VC ( ) Delete  
Name: LINDER, CHERI  
Address: 5438 132ND STREET  
City-St-Zip: SAVAGE, MN 55378

Title: PS ( ) Delete  
Name: PETERSON, LINDA  
Address: 12857 IVORY STONE LOOP  
City-St-Zip: FORT MYERS, FL 33913

Title: VP ( ) Delete  
Name: PETERSON, CHUCK  
Address: 12857 IVORY STONE LOOP  
City-St-Zip: FORT MYERS, FL 33913

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: PS (X) Change ( ) Addition  
Name: PETERSON, LINDA  
Address: 9700 BLUE STONE CIRCLE  
City-St-Zip: FORT MYERS, FL 33913

Title: VP (X) Change ( ) Addition  
Name: PETERSON, CHUCK  
Address: 9700 BLUE STONE CIRCLE  
City-St-Zip: FORT MYERS, FL 33913

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: LINDA PETERSON

PRES

02/04/2006

Electronic Signature of Signing Officer or Director

Date