

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90057 008 \*\*\*\*61.25

**DOCUMENT # N01000008973**

1. Entity Name

**ALIVE IN CHRIST MINISTRIES, INC.**

Principal Place of Business

3625 N.W. 34TH TERRACE  
 GAINESVILLE FL 32605

Mailing Address

3625 N.W. 34TH TERRACE  
 GAINESVILLE FL 32605

2. Principal Place of Business

31 SW 84th ST

Suite, Apt. #, etc.

3. Mailing Address

31 SW 84th ST

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32607

Country

USA

City & State

Gainesville, FL

Zip

32607

Country

USA

4. FEI Number

26-0013741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GALASSO, DANIEL R**  
**3625 N.W. 34TH TERRACE**  
**GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

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

*Daniel R. Galasso Agent/Treasurer Daniel R. Galasso*

*4/30/02*

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

TITLE **President** ☐ Delete  
 NAME **Robert D. Galasso**  
 STREET ADDRESS **14802 N. FL AVE, Apt I-140**  
 CITY-ST-ZIP **Tampa, FL 33613**

TITLE **Vice-President** ☐ Delete  
 NAME **Joan C. Galasso**  
 STREET ADDRESS **14802 N. FL AVE, Apt I-140**  
 CITY-ST-ZIP **Tampa, FL 33613**

TITLE **Secretary** ☐ Delete  
 NAME **Helen Styn**  
 STREET ADDRESS **1010 Kingsborough Gardens**  
 CITY-ST-ZIP **Lutz, FL 33548**

TITLE **Treasurer** ☐ Delete  
 NAME **Daniel R. Galasso**  
 STREET ADDRESS **31 SW 84th St**  
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **Director** ☐ Delete  
 NAME **Jim Styn**  
 STREET ADDRESS **1010 Kingsborough Gardens**  
 CITY-ST-ZIP **Lutz, FL 33548**

TITLE **Director** ☐ Delete  
 NAME **Linda Jones**  
 STREET ADDRESS **111 Arkwright Drive**  
 CITY-ST-ZIP **Tampa, FL 33613**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☐ Addition  
 NAME **Marci Young**  
 STREET ADDRESS **7350 SE Hawthorne St**  
 CITY-ST-ZIP **Port St Lucie, FL 34952**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Daniel R. Galasso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/02*

DATE

*352 378 2461*

Daytime Phone #

CR2E037 (9/01)