


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000008973		
1. Entity Name ALIVE IN CHRIST MINISTRIES, INC.		
Principal Place of Business 31 SW 84TH ST GAINESVILLE, FL 32605	Mailing Address 31 SW 84TH ST GAINESVILLE, FL 32605	



04282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0013741	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GALASSO, DANIEL R
31 SW 84TH STREET
GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALASSO, ROBERT D 409 SHANGRI-LA CIRCLE EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALASSO, JOAN C 409 SHANGRI-LA CIRCLE EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, MARCI 950 CR. 732 CHANCELLOR, AL 363167211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALASSO, DANIEL R 31 SW 84TH ST GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JOE 18510 DETTERWOOD AVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Treasurer 4/20/08 352-378-2461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #