

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004068

FILED  
Mar 17, 2004  
Secretary of State

**Entity Name:** THE CHURCH ALIVE INTERNATIONAL, INC.

**Current Principal Place of Business:**

3444 MARINATOWN LANE, SUITE 27  
N. FT. MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 3531  
N. FT. MYERS, FL 33918

**New Mailing Address:**

**FEI Number:** 68-0496785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOK, NORMAN G  
16900 SLATER RD., LOT 37  
N. FT. MYERS, FL 33917 US

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

COOK, NORMAN G DR.  
16900 SLATER RD., LOT 37  
N. FT. MYERS, FL 33917 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: NORMAN G. COOK

03/17/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COOK, NORMAN G  
Address: P.O. BOX 3531  
City-St-Zip: N. FT. MYERS, FL 33918

Title: VD ( ) Delete  
Name: COOK, ALEXANDER J  
Address: 1188 OLD BRIDGE RD.  
City-St-Zip: N. FT. MYERS, FL 33917

Title: STD ( ) Delete  
Name: COOK, LORNA G  
Address: P. O. BOX 3531  
City-St-Zip: N. FT. MYERS, FL 33918

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NORMAN G. COOK

PD

03/17/2004

Electronic Signature of Signing Officer or Director

Date