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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04598

(1)

1. Corporation Name

ALIVE: THE ALTERNATIVE, INC.



Principal Place of Business

Mailing Address

6412 LENAWEЕ DRIVE
PANAMA CITY FL 32404

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PANAMA CITY FL 32404

3. Date Incorporated or Qualified

08/07/1984

4. FEI Number

59-2477484

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUPONT, SARA
6412 LENAWEЕ DR.
PANAMA CITY FL 32404

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD
NAME EDGE, SARA
STREET ADDRESS 901 PLANTATION DR
CITY-ST-ZIP PANAMA CITY FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME DUPONT, JEANETTE D.
STREET ADDRESS 6412 LENAWEЕ DR.
CITY-ST-ZIP PANAMA CITY FL ☒ DELETE

2.1 TITLE VD
2.2 NAME DuPont, Sara
2.3 STREET ADDRESS 6412 Lenawee Dr.
2.4 CITY-ST-ZIP Panama City, FL 32404 ☐ Change ☒ Addition

TITLE SD
NAME GARBUTT, PAT
STREET ADDRESS 20016 FRONT BEACH RD.
CITY-ST-ZIP PANAMA CITY FL ☒ DELETE

3.1 TITLE SD
3.2 NAME Bible, Gail
3.3 STREET ADDRESS 4936 East 3rd St
3.4 CITY-ST-ZIP Panama City, FL 32404 ☐ Change ☒ Addition

TITLE TD
NAME PITTMON, DEBRA
STREET ADDRESS 2425 E. 13TH ST.
CITY-ST-ZIP PANAMA CITY FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Sara M. Edge

01-26-98 (850) 871-8840

CR2E037 (10/97)