

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-07-2006 90041 046 ***70.00
N05000001875

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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1st MOORE CR2E037 (10/05)

DOCUMENT # N05000001875

1. Entity Name

ALIVE AGAIN MINISTRIES, INC.



Principal Place of Business

14401 OLD CUTLER ROAD
PALMETTO BAY FL 33157

Mailing Address

14707 SOUTH DIXIE HIGHWAY
SUITE 302
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-2425560

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, NATHAN D ESQ.
17639 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157

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

SIGNATURE

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

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DIR ☐ Delete
NAME: SPATZ, RUSSELL
STREET ADDRESS: 14707 SOUTH DIXIE HIGHWAY, SUITE 302
CITY- ST- ZIP: MIAMI FL 33176

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

TITLE: DIR ☐ Delete
NAME: WOODHAM, MICHAEL C
STREET ADDRESS: 14707 SOUTH DIXIE HIGHWAY, SUITE 302
CITY- ST- ZIP: MIAMI FL 33176

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

TITLE: DIR ☐ Delete
NAME: DICKSON, CHARLES
STREET ADDRESS: 14707 SOUTH DIXIE HIGHWAY, SUITE 302
CITY- ST- ZIP: MIAMI FL 33176

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

TITLE: DIR ☐ Delete
NAME: GLENN, JOHN
STREET ADDRESS: 14707 SOUTH DIXIE HIGHWAY, SUITE 302
CITY- ST- ZIP: MIAMI FL 3176

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

TITLE: ☐ Delete
NAME: ☐ Delete
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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 exemptions contained in Section 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: *[Handwritten signature]* Michael C. Woodham

3-22-06

(305) 801-4780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #