2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N05000001875

Entity Name: ALIVE AGAIN MINISTRIES, INC.

Current Principal Place of Business:

14401 OLD CUTLER ROAD
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

14707 SOUTH DIXIE HIGHWAY
SUITE 302
MIAMI, FL 33176

New Mailing Address:

FEI Number: 20-2425560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DIR	( ) Delete
Name:	SPATZ, RUSSELL	
Address:	14707 SOUTH DIXIE HIGHWAY, SUITE 302	
City-St-Zip:	MIAMI, FL 33176	
Title:	PRES	( ) Delete
Name:	WOODHAM, MICHAEL C	
Address:	14707 SOUTH DIXIE HIGHWAY, SUITE 302	
City-St-Zip:	MIAMI, FL 33176	
Title:	DIR	( ) Delete
Name:	DICKSON, CHARLES	
Address:	14707 SOUTH DIXIE HIGHWAY, SUITE 302	
City-St-Zip:	MIAMI, FL 33176	
Title:	DIR	( ) Delete
Name:	GLENN, JOHN	
Address:	14707 SOUTH DIXIE HIGHWAY, SUITE 302	
City-St-Zip:	MIAMI, FL 3176	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL C. WOODHAM PRES 01/19/2009

Electronic Signature of Signing Officer or Director — Date