FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:41

DOCUMENT # **N42686** (8)

1. Corporation Name

CHRISTIAN FELLOWSHIP ALIVE MINISTRIES, INC.

Principal Place of Business	Mailing Address
~~6129 US 98 SOUTH~~ 6109 Crews Lk. Rd. LAKELAND FL 33813 US	~~6129 US 98 S~~ P.O. Box 6032 LAKELAND FL ~~33813~~ 33807-6032 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1991
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-3058824 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 6109 Crews Lk. Rd.	26 P.O. Box 6032
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lakeland, Fl.	City & State 28 Lakeland, Fl.
Zip / Country 24 33813 / 25 Polk	Zip / Country 29 33807-6032 / 30 Polk

9. Name and Address of Current Registered Agent

BAUMGARDNER, MICHAEL A.
~~6129 US 98 SOUTH~~
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name: Michael A. Baumgardner
82 Street Address (P.O. Box Number is Not Acceptable): 6109 Crews Lk. Rd.
83
84 City: Lakeland, FL 85 Zip Code: 33813

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ADDRESS ☐ Change ☐ Addition
NAME	BAUMGARDNER, MICHAEL A.	12 NAME	Michael A. Baumgardner
STREET ADDRESS	~~6129 US 98 SOUTH~~ 6109 Crews Lk. Rd.	13 STREET ADDRESS	6109 Crews Lake Rd.
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	Lakeland, Fl. 33813
TITLE	VTD	21 TITLE	VTD ☐ Change ☐ Addition
NAME	BAUMGARDNER, JOYCE	22 NAME	Joyce Baumgardner
STREET ADDRESS	~~6129 US 98 SOUTH~~ 6109 Crews Lk. Rd.	23 STREET ADDRESS	6109 Crews Lk. Rd.
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	Lakeland, Fl. 33813
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	GEORGE, BECKY JO	32 NAME	
STREET ADDRESS	3980 LAUREL AVE	33 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND CITY FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	STONE, ANGELINE	42 NAME	
STREET ADDRESS	1524 CARDINAL ST	43 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, REX	52 NAME	
STREET ADDRESS	2710 EWELL RD	53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GEORGE, RICKY	62 NAME	
STREET ADDRESS	3980 LAUREL AVE	63 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND CITY FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joyce Baumgardner Joyce Baumgardner 4-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
813-647-3669

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