

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N42686 (8)

1. Corporation Name

CHRISTIAN FELLOWSHIP ALIVE MINISTRIES, INC.



Principal Place of Business

6109 CREWS LAKE RD  
LAKELAND FL 33813  
US

Mailing Address

PO BOX 6032  
LAKELAND FL 33807  
US

3. Date Incorporated or Qualified  
03/21/1991

3a. Date of Last Report  
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 6109 CREWS Lake Rd.

26 P.O. Box 6032

4. FEI Number

59-3058824

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 City & State

28 City & State

23 Lakeland, Florida

28 Lakeland, Florida

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 33813

25 USA

29 33807-6032

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUMGARDNER, MICHAEL A.  
6109 CREWS LAKE RD  
LAKELAND FL 33813

81 Name

Baumgardner, Michael A.

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

6109 CREWS Lake Rd.

83

84 City

Lakeland

FL

85 Zip Code

33813

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 Michael A. Baumgardner

Michael A. Baumgardner

DATE 4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAUMGARDNER, MICHAEL A.	
STREET ADDRESS	6109 CREWS LAKE RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	BAUMGARDNER, JOYCE	
STREET ADDRESS	6109 CREWS LAKE RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, BECKY JO	
STREET ADDRESS	3980 LAUREL AVE	
CITY-ST-ZIP	HIGHLAND CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STONE, ANGELINE	
STREET ADDRESS	1524 CARDINAL ST	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, REX	
STREET ADDRESS	2710 EWELL RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, RICKY	
STREET ADDRESS	3980 LAUREL AVE	
CITY-ST-ZIP	HIGHLAND CITY FL	

1.1 TITLE	Robert Benjamin Peyton	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	802 Headrow Terrace	
1.3 STREET ADDRESS	Hampton, VA. 23666	
1.4 CITY-ST-ZIP		
2.1 TITLE	Jason Todd Baumgardner	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	2322 MASHAN AVE. S.E.	
2.3 STREET ADDRESS	Port St. Lucie, Florida 34952	
2.4 CITY-ST-ZIP		
3.1 TITLE	Jason Todd Baumgardner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2322 MASHAN AVE. S.E.	
3.3 STREET ADDRESS	Port St. Lucie, FL. 34952	
3.4 CITY-ST-ZIP		
4.1 TITLE	Brenda Joyce Baumgardner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	6109 CREWS Lake Rd.	
4.3 STREET ADDRESS	Lakeland, FL. 33813	
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 4-24-96 (941-6473669)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0371295