

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90259 039 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N42686

1. Corporation Name

CHRISTIAN FELLOWSHIP ALIVE MINISTRIES, INC.

Principal Place of Business

3891 EDWARDS ROAD  
FT. PIERCE FL 34981  
US

Mailing Address

POST OFFICE BOX 0422  
PORT ST LUCIE FL 34985-0422  
US

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00



2. Principal Place of Business

21 3891 Edwards Rd.

Suite, Apt. #, etc.

22

City & State

23 Ft. Pierce, FL

Zip

24 34981

Country

25 US

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/21/1991

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

9. Name and Address of Current Registered Agent

BAUMGARDNER, MICHAEL A.

2280 S.E. LUCAYA ST  
PORT ST LUCIE FL 34952

2929 Nicholas Rd.

Fort Pierce, FL. 34982

10. Name and Address of New Registered Agent

81 Name

Baumgardner, Michael A.

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

2929 Nicholas Rd.

83

84 City

Fort Pierce

FL

85 Zip Code

34982

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

Rev. Michael A. Baumgardner President

4-22-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BAUMGARDNER, MICHAEL A  
STREET ADDRESS 5555 IDEAL HOLDING DRIVE  
CITY-ST-ZIP FT. PIERCE FL 34988-34982

TITLE VTD  
NAME BAUMGARDNER, JOYCE  
STREET ADDRESS 5555 IDEAL HOLDING DRIVE  
CITY-ST-ZIP FT. PIERCE FL 34988-34982

TITLE SD  
NAME BAUMGARDNER, TRACY L  
STREET ADDRESS 2281 MCMASTER AVE  
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE D  
NAME PEYTON, ROBERT B  
STREET ADDRESS 802 HEADROW TERRACE  
CITY-ST-ZIP HAMPTON VA 23666

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME BAUMGARDNER, Michael A.  
1.3 STREET ADDRESS 2929 Nicholas Rd.  
1.4 CITY-ST-ZIP Ft. Pierce, FL. 34982

2.1 TITLE VTD  
2.2 NAME BAUMGARDNER, Joyce  
2.3 STREET ADDRESS 2929 Nicholas Rd.  
2.4 CITY-ST-ZIP Ft. Pierce, FL. 34982

3.1 TITLE SD  
3.2 NAME BAUMGARDNER, Tracy L.  
3.3 STREET ADDRESS 2281 McMASTER Ave.  
3.4 CITY-ST-ZIP Port St. Lucie, FL 34952

4.1 TITLE D  
4.2 NAME Peyton, Robert B.  
4.3 STREET ADDRESS 802 Headrow Terrace  
4.4 CITY-ST-ZIP Hampton, Va. 23666

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 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, with all other like empowered.

SIGNATURE: Rev. Michael A. Baumgardner President 4-22-99 561-466-8100

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (1/98)

0075131