

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42686

1. Entity Name

CHRISTIAN FELLOWSHIP ALIVE MINISTRIES, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90174 022 ****61.25

Principal Place of Business

Mailing Address

3891 EDWARDS ROAD
FT. PIERCE FL 34981
US

3891 EDWARDS ROAD
FT. PIERCE FL 34981-5222
US

2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3058824

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

BAUMGARDNER, MICHAEL A.
2929 NICHOLAS RD
FT PIERCE FL 34982

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.

Michael A. Baumgardner

Michael A. Baumgardner, President

4/18/2000

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BAUMGARDNER, MICHAEL A
STREET ADDRESS 2929 NICHOLAS RD
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP no changes

TITLE VTD ☐ Delete
NAME BAUMGARDNER, JOYCE
STREET ADDRESS 2929 NICHOLAS RD
CITY-ST-ZIP FT. PIERCE FL 34982

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 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.

561-466-8100

SIGNATURE:

Brenda J. Baumgardner (Joyce) D

Brenda J. Baumgardner

4/18/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/99)