

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42686

1. Entity Name

CHRISTIAN FELLOWSHIP ALIVE MINISTRIES, INC.

FILED

May 01, 2002 8:00 am
Secretary of State

05-01-2002 91623 044 ****61.25

Principal Place of Business

Mailing Address

3891 EDWARDS ROAD
FT. PIERCE FL 34981
US

3891 EDWARDS ROAD
FT. PIERCE FL 34981
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3058824

Applied For

Not Applicable

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.

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

TITLE D
NAME Darron S. Baumgardner
STREET ADDRESS 1161 SW Curtis St.
CITY-ST-ZIP Port St Lucie, FL. 34983 ☐ Change ☒ Addition

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

TITLE D
NAME Jason T. Baumgardner
STREET ADDRESS 2322 SE Masten Ave.
CITY-ST-ZIP Port St. Lucie, FL. 34952 ☐ Change ☒ Addition

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

TITLE D
NAME Jeremy M. Baumgardner
STREET ADDRESS 2281 Mc Master Ave S.E.
CITY-ST-ZIP Port St. Lucie, FL. 34952 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE: Michael A. Baumgardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-19-02
Daytime Phone # area code 772 466-8100

CR2E037 (9/01)