

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90756 002 *****61.25

DOCUMENT # N42686

1. Entity Name

CHRISTIAN FELLOWSHIP ALIVE MINISTRIES, INC.



Principal Place of Business

**3891 EDWARDS ROAD
FT. PIERCE FL 34981
US**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael A. Baumgardner Michael A. Baumgardner 4-9-03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUMGARDNER, DARRON S	
STREET ADDRESS	1161 SW CURTIS ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUMGARDNER, JASON T	
STREET ADDRESS	2322 SE MASLAN AVENUE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUMGARDNER, JEREMY-M	
STREET ADDRESS	2281 MCMASTER AVE SE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEYTON, ROBERT B	
STREET ADDRESS	802 HEADROW TERRACE	
CITY-ST-ZIP	HAMPTON VA 23666	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael A. Baumgardner	
STREET ADDRESS	2929 Nicholas Rd.	
CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE	TVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer/vic PRES.	
STREET ADDRESS	Joyce Baumgardner	
CITY-ST-ZIP	2929 Nicholas Rd.	
	Ft. Pierce, FL 34982	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Tracy Lynn Baumgardner	
CITY-ST-ZIP	2281 SE MCMASTER AVE	
	Port St. Lucie, FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Joyce Baumgardner Joyce Baumgardner 4-9-03 772-466-8100
SIGNATURE REQUIRED

CR2E037 (10/02)