


FILE NOW: FILING FEE IS \$61.25

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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43069** (6)

1. Corporation Name
FAITH ALIVE MINISTRIES, INC.



Principal Place of Business 3536 UNIVERSITY BLVD SUITE. 157 JACKSONVILLE FL 32211	Mailing Address 3536 UNIVERSITY BLVD SUITE. 157 JACKSONVILLE FL 32211
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3. Date Incorporated or Qualified 04/18/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3069817	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOCHER, GARY L.
~~**3536 UNIVERSITY BLVD, #157**~~
~~**JACKSONVILLE FL 32211**~~

81 Name BOCHER, GARY L.
82 Street Address (P.O. Box Number is Not Acceptable) 12932 TREE WAY LANE
83
84 City JACKSONVILLE
85 Zip Code FL 32258

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCHER, GARY L.	1.2 NAME	
STREET ADDRESS	3536 UNIVERSITY BLVD, #157	1.3 STREET ADDRESS	12932 Tree Way Lane
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCHER, ANNE M.	2.2 NAME	
STREET ADDRESS	3536 UNIVERSITY BLVD, #157	2.3 STREET ADDRESS	12932 Tree Way Lane
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICK, HAROLD	3.2 NAME	
STREET ADDRESS	7070 PERKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DAVID BRUCE	4.2 NAME	
STREET ADDRESS	1714 STRAND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, STEVE	5.2 NAME	
STREET ADDRESS	1310 E NEPTUNE GROVE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____

(904) 880-9260

CR2E037 (9/96)