


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90027 034 ****61.25

DOCUMENT # N94000006280					
1. Entity Name CHRISTIAN COME ALIVE DELIVERANCE & CONFERENCE CENTER, INC.					
Principal Place of Business 3466 OLD DIXIE HWY BOYNTON BEACH FL 33435			Mailing Address P.O. BOX 1573 BOYNTON BEACH FL 33435 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0548178	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> DARVILLE DARCILLE, ANNIE A 516 NORTHWEST 5TH STREET BOYNTON BEACH FL 33435 </div>				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. <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="width: 60%;"> SIGNATURE <i>Annie A. Darville, Pastor</i> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering)</small> </div> <div style="width: 35%; text-align: right;"> <i>02/15/06</i> <small>DATE</small> </div> </div>					
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME CARTER, KENNETH L STREET ADDRESS 2217 CRAWFORD AVENUE CITY - ST - ZIP FORT MYERS FL 33916	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PTNR NAME ALLEN, ANNIE STREET ADDRESS 516 NORTHWEST 5TH STREET CITY - ST - ZIP BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CARTER, KAMISHA STREET ADDRESS 7277 WILLOW SPRING CITY - ST - ZIP LANTANA FL 33462	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME THOMAS, KAMISHA STREET ADDRESS 6297 DEMERY CIRCLE CITY - ST - ZIP FORT MYERS FL 33916	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, 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: <i>Annie A. Darville, Pastor</i> <i>02/15/06</i> <i>561-732-1922</i>	

