

# FILE NOW: FILING FEE IS \$61.25

## NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000133

1. Corporation Name

Church Alive Christian Fellowship

Principal Place of Business

Mailing Address

14003 North Main St.  
Jacksonville, FL 32218

P.O. Box 26343  
Jacksonville, FL 32226-0343

2. Principal Place of Business

2a. Mailing Address

21 NA

26 NA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

January 9, 1995

3a. Date of Last Report

NA

4. FEI Number

59-3288021

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Martin Sattler III  
14003 North Main Street  
Jacksonville, FL 32218

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE  
NAME Martin Sattler III  
STREET ADDRESS 14003 N. Main St.  
CITY-ST-ZIP Jacksonville, FL 32218

TITLE Secretary/Treasurer ☐ DELETE  
NAME Clyde Osborne  
STREET ADDRESS 2503 Quail Avenue  
CITY-ST-ZIP Jacksonville, FL 32011

TITLE Director ☐ DELETE  
NAME Donald Drake  
STREET ADDRESS 7076 Ramoth Dr.  
CITY-ST-ZIP Jacksonville, FL 32226

TITLE Director ☐ DELETE  
NAME Elmer Oard  
STREET ADDRESS Rt. 5, Box 2059 L.  
CITY-ST-ZIP Callahan, FL 32011

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Secretary/Treasurer  
2.3 STREET ADDRESS Clyde Osborne  
2.4 CITY-ST-ZIP Rt. 2 Box 366  
Callahan, FL 32011

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Martin Sattler III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 23, 1996 (904) 757-4789  
Date Daytime Phone #

CR2E037 (12/95)