

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 18, 2009  
Secretary of State**

DOCUMENT# N97000004647

Entity Name: JESUS IS ALIVE CHRISTIAN MINISTRY, INC.

**Current Principal Place of Business:**

13050 NE 26TH AVE  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

13050 NE 26TH AVE  
OKEECHOBEE, FL 34972

**New Mailing Address:**

FEI Number: 65-0783214      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VILLARS, MARILYN  
13050 NE 26TH AVE  
OKEECHOBEE, FL 34972      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VILLARS, MARILYN  
Address: 13050 NE 26 AVE  
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: VSTD ( ) Delete  
Name: ADDINGTON, ELIZABETH  
Address: 3420 S.W. 21 ST.  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: D ( ) Delete  
Name: VILLARS JR, GARY  
Address: 13050 N.E. 26 AV  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete  
Name: CRIDLAND, CAROLYN  
Address: 306 NE 3 ST  
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: D ( ) Delete  
Name: ADDINGTON, TODD  
Address: 3420 SW 21ST STREET  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: D ( ) Delete  
Name: VILLARS, AMANDA  
Address: 13050 N.E. 26 AV  
City-St-Zip: OKEECHOBEE, FL 34972 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN VILLARS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/18/2009

\_\_\_\_\_  
Date