


FILED
Jun 08, 2007 8:00 am
Secretary of State

05-08-2007 90014 001 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000090537		
1. Entity Name ALIVE FOUNDATION INC.		
Principal Place of Business % JAMES GLOSSINGER 5940 SW 14TH ST PLANTATION, FL 33317		Mailing Address % JAMES GLOSSINGER 5940 SW 14TH ST PLANTATION, FL 33317
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GLOSSINGER, JAMES 5940 SW 14TH ST PLANTATION, FL 33317		DO NOT WRITE IN THIS SPACE
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLOSSINGER, JAMES 5940 SW 14TH ST PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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>president 6-5-07</i> _____ _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

66018420



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3075396

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**