

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:08

DOCUMENT # 761965 (3)

1. Corporation Name

CHAPLAINS TO COMMUNITY AND COMMERCE, INC.

Principal Place of Business

Mailing Address

8401 SW 90TH STREET
MIAMI FL 33156

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MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1982

3a. Date of Last Report

07/06/1994

4. FEI Number

59-1715426

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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

ESSEX, LEON
8401 SW 90 ST.
9130 S. DADELAND BLVD.
MIAMI FL 33156

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ESSEX, LEON
STREET ADDRESS 8401 SW 90TH STREET
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME ESSEX, GLORIA A
STREET ADDRESS 8401 SW 90TH STREET
CITY-ST-ZIP MIAMI FL

TITLE SD
NAME SKINNER, TRUMAN A
STREET ADDRESS 9130 S DADELAND BL #1509
CITY-ST-ZIP MIAMI FL

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

2.1 TITLE STD
2.2 NAME Essex, Gloria A.
2.3 STREET ADDRESS 8401 S.W. 90 Street
2.4 CITY-ST-ZIP Miami, Fl.

3.1 TITLE VD
3.2 NAME Neese, Clayton
3.3 STREET ADDRESS 9431 S.W. 64 Terrace
3.4 CITY-ST-ZIP Miami, Fl.

4.1 TITLE VD
4.2 NAME Mayatt, Fred M.
4.3 STREET ADDRESS 10760 S.W. 46 Street
4.4 CITY-ST-ZIP Miami, Fl.

5.1 TITLE D
5.2 NAME Essex, Sherman (George)
5.3 STREET ADDRESS 8401 S.W. 90 St.
5.4 CITY-ST-ZIP Miami, Fl.

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leon Essex, President

1-16-95
January 16, 1995 (305) 274-3441