

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 # 761965 (3)

1. Corporation Name

CHAPLAINS TO COMMUNITY AND COMMERCE, INC.



Principal Place of Business

Mailing Address

**8401 SW 90TH STREET
MIAMI FL 33156**

**8401 SW 90TH STREET
MIAMI FL 33156**

3. Date Incorporated or Qualified
01/27/1982

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 118 43rd Avenue SW

26 118 43rd Avenue SW

4. FEI Number
59-1715426

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Vero Beach, Florida

28 Vero Beach, Florida

Zip Country **USA**

Zip Country **USA**

24 32968

25 Indian River 32968

30 Indian River

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
Essex, Leon

82 Street Address (P.O. Box Number is Not Acceptable)
118 43rd Avenue SW

83

84 City
Vero Beach,

FL 85 32968

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 **Leon Essex, President**

March 01, 1996

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

(If "E" Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**PD
ESSEX, LEON
8401 SW 90TH STREET
MIAMI FL**

TITLE ☐ DELETE

NAME
**STD
ESSEX, GLORIA A
8401 SW 90TH STREET
MIAMI FL**

TITLE ☐ DELETE

NAME
**VD
NEESE, CLAYTON
9431 SW 64TH TERR
MIAMI FL**

TITLE ☐ DELETE

NAME
**VD
MAYATT, FRED M
10760 SW 46 ST
MIAMI FL**

TITLE ☒ DELETE

NAME
**D
ESSEX, SHERMAN G
8401 SW 90 ST
MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
**118 43rd Avenue SW
Vero Beach, FL 32968**

14 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
**118 43rd Avenue SW
Vero Beach, FL 32968**

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leon Essex, President

March 01, 1996 (407) 563-0008

Date

Daytime Phone #

CR2E037 (12/95)