

**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: 8401 SW 90TH STREET MIAMI FL 33156  
Mailing Address: 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: 21 118 43rd Avenue SW  
2a. Mailing Address: 26 118 43rd Avenue SW

4. FEI Number: 59-1715426  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
Suite, Apt. #, etc.: 27

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

City & State: 23 Vero Beach, Florida  
City & State: 28 Vero Beach, Florida

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Zip: 24 32968  
Country: 25 USA  
Zip: 30 32968  
Country: 30 USA

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

9. Name and Address of Current Registered Agent  
**ESSEX, LEON**  
8401 SW 90 ST.  
9130 S. DADELAND BLVD.  
MIAMI FL 33156

10. Name and Address of New Registered Agent  
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 Zip Code: **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** (Signature typed or printed name of registered agent and title if applicable) *Leon Essex* (Signature of Registered Agent required when reinstating) **March 01, 1996** (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESSEX, LEON	
STREET ADDRESS	8401 SW 90TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ESSEX, GLORIA A	
STREET ADDRESS	8401 SW 90TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEESE, CLAYTON	
STREET ADDRESS	9431 SW 64TH TERR	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAYATT, FRED M	
STREET ADDRESS	10760 SW 46 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESSEX, SHERMAN G	
STREET ADDRESS	8401 SW 90 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	118 43rd Avenue SW
1.4 CITY - ST - ZIP	Vero Beach, FL 32968
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	118 43rd Avenue SW
2.4 CITY - ST - ZIP	Vero Beach, FL 32968
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leon Essex* (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **Leon Essex, President** **March 01, 1996** (Date) **(407) 563-0008** (Daytime Phone #)

CR2E037 (12/95)