

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90078 004 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 761965**

1. Corporation Name

**CHAPLAINS TO COMMUNITY AND COMMERCE, INC.**

Principal Place of Business

118 43RD AVENUE SW  
 VERO BEACH FL 32968  
 US

Mailing Address

118 43RD AVENUE SW  
 VERO BEACH FL 32968  
 US



2. Principal Place of Business

21 **300 53rd Circle**

Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 **300 53rd Circle**

Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

**01/27/1982**

4. FEI Number

**59-1715426**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**ESSEX, LEON**  
**118 43RD AVENUE SW**  
**VERO BEACH FL 32968**

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD ESSEX, LEON**  
 STREET ADDRESS **118 43RD AVENUE SW**  
 CITY-ST-ZIP **VERO BEACH FL**

TITLE  DELETE

NAME **STD ESSEX, GLORIA A**  
 STREET ADDRESS **118 43RD AVENUE SW**  
 CITY-ST-ZIP **VERO BEACH FL**

TITLE  DELETE

NAME **VD NEESE, CLAYTON**  
 STREET ADDRESS **9431 SW 64TH TERR**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE

NAME **VD MAYATT, FRED M**  
 STREET ADDRESS **10760 SW 46 ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS **300 53rd Circle.**  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS **300 53rd Circle**  
 2.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*Gloria A. Essex* 2/20/98 561-563-0008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)