

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90152 033 ****61.25

DOCUMENT # N01000006878

1. Entity Name
THE CHRISTIAN LEADERSHIP COUNCIL, INC.



Principal Place of Business
**1245 PHEASANT RUN DR.
TALLAHASSEE, FL 32312**

Mailing Address
**P.O. BOX 10018
TALLAHASSEE, FL 32302**

50024118



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005

Chg-NP

CR2E037 (10/03)

4. FEI Number
01-0671194

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRELAND, TIM
1245 PHEASANT RUN DR.
TALLAHASSEE, FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DCEO
IRELAND, TIM
110-A S MONROE ST
TALLAHASSEE, FL 32301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
Kelly W. Reed
2122 Woodland Drive
Ada, OK 74820-4462** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DT
MITCHELL, JOSEPH
2851 REMINTON GREEN CIR.
TALLAHASSEE, FL 32312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
BERRYMAN, RAY
1221 W COLONIAL DR STE 300
ORLANDO, FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
SCHWEIZER, PETER
2613 SADIE LANE
TALLAHASSEE, FL 32312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
PEACOCK, BRIAN
4073 BRADFORDVILLE ROAD
TALLAHASSEE, FL 32309** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change ☐ Addition

12. 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 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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/05 (850) 559-0288