

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

07 SEP -4 AM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
REED, KELLY W
2122 WOODLAND DRIVE
ADA, OK 748204462

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

400109596214
09/18/07--01069--022 **61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

9/6/07 850 559 0288