

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07764 (6)
1. Corporation Name
COMMUNITY CHRISTIAN SCHOOL OF LABELLE, INC.

Principal Place of Business Mailing Address
**HWY 29 SOUTH
DRAWER 2280
LABELLE FL 33935-9280**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/21/1985** 3a. Date of Last Report **02/28/1994**
4. FEI Number **59-2504964** 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**
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ **\$68.75 Supplemental
Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELVER, RALPH
461 S MAIN ST (SR 29)
DRAWER 2280
LABELLE FL 33935**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PARRISH, RANDALL T. J
P.O. BOX 1499 N/A
LABELLE FL**
**FP
ELVER, RALPH
461 S MAIN ST (SR29)
LABELLE FL**
**T
LANGFORD, PATRICK
6TH AVE.
LABELLE FL**
**T
RIMES, WENDELL
55 ORANGE STREET
LABELLE FL**
**TV
MURRAH, DAVID
700 FT. THOMPSON
LABELLE FL**
**TS
BEER, BRIAN
202 FT. THOMPSON
LABELLE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **TS
Parrish, Randall T.J.**
1.3 STREET ADDRESS **P.O. Box 1499 N/A**
1.4 CITY-ST-ZIP **LaBelle, FL 33935**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
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 **T
Murrah, David**
5.3 STREET ADDRESS **700 Ft. Thompson**
5.4 CITY-ST-ZIP **LaBelle, FL 33935**
6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **TV
Beer, Brian**
6.3 STREET ADDRESS **202 Ft. Thompson**
6.4 CITY-ST-ZIP **LaBelle, FL 33935**

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 110.07(3)(b), 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

Date

Daytime Phone #

N07764

Addition:

Title: TT

Name: Carey Soud

Address: 2074 Ft. Denaud Rd.
LaBelle, FL 33935