

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N07764 (6)

1. Corporation Name

COMMUNITY CHRISTIAN SCHOOL OF LABELLE, INC.



Principal Place of Business

**HWY 29 SOUTH
DRAWER 2280
LABELLE FL 33935-9280**

Mailing Address

**HWY 29 SOUTH
DRAWER 2280
LABELLE FL 33935-9280**

3. Date Incorporated or Qualified
02/21/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1092 Cowboy Way

26 P. O. Box 1860

4. FEI Number

59-2504964

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

City & State

City & State

23 LaBelle FL

28 LaBelle FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33935

25 USA

29 33935

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

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 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 **TS** ☐ DELETE
NAME **PARRISH, RANDALL T J.**
STREET ADDRESS **P.O. BOX 1499 N/A**
CITY - ST - ZIP **LABELLE FL**

TITLE **FP** ☐ DELETE
NAME **ELVER, RALPH**
STREET ADDRESS **461 S MAIN ST (SR29)**
CITY - ST - ZIP **LABELLE FL**

TITLE **T** ☐ DELETE
NAME **LANGFORD, PATRICK**
STREET ADDRESS **6TH AVE.**
CITY - ST - ZIP **LABELLE FL**

TITLE **T** ☒ DELETE
NAME **RIMES, WENDELL**
STREET ADDRESS **55 ORANGE STREET**
CITY - ST - ZIP **LABELLE FL**

TITLE **T** ☐ DELETE
NAME **MURRAH, DAVID**
STREET ADDRESS **700 FT. THOMPSON**
CITY - ST - ZIP **LABELLE FL**

TITLE **TV** ☐ DELETE
NAME **BEER, BRIAN**
STREET ADDRESS **202 FT. THOMPSON**
CITY - ST - ZIP **LABELLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **CFPT**
2.3 STREET ADDRESS **ELVER, RALPH**
2.4 CITY - ST - ZIP **461 S MAIN ST (SR29)**
LABELLE, FL 33935

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 **TT**
4.3 STREET ADDRESS **SOUD, CAREY**
4.4 CITY - ST - ZIP **2074 FT. DENAUD ROAD**
LABELLE, FL 33935

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96

(741) 675-5800

CR2E037 (12/95)