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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07764 (6)
1. Corporation Name
COMMUNITY CHRISTIAN SCHOOL OF LABELLE, INC.

Principal Place of Business 1082 COWBOY WAY LABELLE FL 33935-9280 US	Mailing Address PO BOX 1860 LABELLE FL 33935-9280 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/21/1985
4. FEI Number 59-2504964
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ELVER, RALPH
461 S MAIN ST (SR 29)
DRAWER 2280
LABELLE FL 33935**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PARRISH, RANDALL T J. P.O. BOX 1499 N/A LABELLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S/Tr PARRISH, RANDALL T J. PO BOX 1499 N/A LABELLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFPT ELVER, RALPH 461 S MAIN ST (SR29) LABELLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/C/Tr RALPH ELVER 461 S MAIN ST (SR29) LABELLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANGFORD, PATRICK 8TH AVE. LABELLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Tr LANGFORD, PATRICK 6TH AVENUE LABELLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT SOUD, CAREY 2074 FT DENAUD RD LABELLE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/Tr SOUD, CAREY 2074 FT DENAUD RD LABELLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV BEER, BRIAN 202 FT. THOMPSON LABELLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Tr BEER, BRIAN 1021 N RIVER ROAD LABELLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	V/Tr SHERROD, WHELAN 345 7TH AVE LABELLE FL

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.

SIGNATURE: **Ralph Elver** 3-18-98 (941) 675-5800

CR2E037 (10/97)