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**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90083 001 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N07764**

1. Corporation Name

**COMMUNITY CHRISTIAN SCHOOL OF LABELLE, INC.**

Principal Place of Business

1092 COWBOY WAY  
LABELLE FL 33935-9280  
US

Mailing Address

PO BOX 1860  
LABELLE FL 33935-9280  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

30

3. Date Incorporated or Qualified

02/21/1985

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

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 STR ☐ DELETE

NAME PARRISH, RANDALL T J.

STREET ADDRESS P.O. BOX 1499 N/A

CITY-ST-ZIP LABELLE FL

TITLE PCTR ☐ DELETE

NAME ELVER, RALPH

STREET ADDRESS 461 S MAIN ST (SR29)

CITY-ST-ZIP LABELLE FL

TITLE TR ☐ DELETE

NAME LANGFORD, PATRICK

STREET ADDRESS 6TH AVE.

CITY-ST-ZIP LABELLE FL

TITLE TTR ☐ DELETE

NAME SOUD, CAREY

STREET ADDRESS 2074 FT DENAUD RD

CITY-ST-ZIP LABELLE FL

TITLE TR ☐ DELETE

NAME BEER, BRIAN

STREET ADDRESS 1021 N RIVER ROAD

CITY-ST-ZIP LABELLE FL

TITLE VTR ☐ DELETE

NAME SHERROD, WILLIAM

STREET ADDRESS 345 7TH AVE

CITY-ST-ZIP LABELLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/TR ☒ Change ☐ Addition

1.2 NAME Beer, Bryan

1.3 STREET ADDRESS 1021 N River Road

1.4 CITY-ST-ZIP LaBelle, FL 33935

2.1 TITLE TR ☒ Change ☐ Addition

2.2 NAME Parrish, Randall T. J.

2.3 STREET ADDRESS 100 N. Main Street

2.4 CITY-ST-ZIP 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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Ralph Elver* **FRANCOISE VER**

3/24/99 675 0277