

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90046 015 ****61.25

DOCUMENT # N07764	
1. Entity 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 33975 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02112004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2504964		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELVER, RALPH 461 S MAIN ST (SR 29) DRAWER 2280 LABELLE, FL 33935		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____
1. 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 May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TR	<input checked="" type="checkbox"/> Delete		TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARRISH, RANDALL T J.			NAME	Ismael Reyes		
STREET ADDRESS	100 N. MAIN STREET			STREET ADDRESS	P O Box 2358		
CITY-ST-ZIP	LABELLE, FL 33935			CITY-ST-ZIP	LaBelle, FL 33975		
TITLE	PCTR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELVER, RALPH			NAME			
STREET ADDRESS	461 S MAIN ST (SR29)			STREET ADDRESS			
CITY-ST-ZIP	LABELLE, FL			CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGFORD, PATRICK			NAME			
STREET ADDRESS	6TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	LABELLE, FL			CITY-ST-ZIP			
TITLE	TTR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOUD, CAREY			NAME			
STREET ADDRESS	2074 FT DENAUD RD			STREET ADDRESS			
CITY-ST-ZIP	LABELLE, FL			CITY-ST-ZIP			
TITLE	STR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEER, BRIAN			NAME			
STREET ADDRESS	1021 N RIVER ROAD			STREET ADDRESS			
CITY-ST-ZIP	LABELLE, FL 33935			CITY-ST-ZIP			
TITLE	VTR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERROD, WILLIAM			NAME			
STREET ADDRESS	345 7TH AVE			STREET ADDRESS			
CITY-ST-ZIP	LABELLE, FL			CITY-ST-ZIP			

12. 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 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: *Ralph Elver* Pres. **2-13-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #