

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07764

FILED
Jul 11, 2005
Secretary of State

Entity Name: COMMUNITY CHRISTIAN SCHOOL OF LABELLE, INC.

Current Principal Place of Business:

1092 COWBOY WAY
LABELLE, FL 339359280 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1860
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 59-2504964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TR () Delete
Name: REYES, ISMAEL
Address: PO BOX 2358
City-St-Zip: LABELLE, FL 33975

Title: PCTR () Delete
Name: ELVER, RALPH
Address: 461 S MAIN ST (SR29)
City-St-Zip: LABELLE, FL

Title: TR () Delete
Name: LANGFORD, PATRICK,
Address: 6TH AVE.
City-St-Zip: LABELLE, FL

Title: TTR () Delete
Name: SOUD, CAREY
Address: 2074 FT DENAUD RD
City-St-Zip: LABELLE, FL

Title: STR () Delete
Name: BEER, BRIAN
Address: 1021 N RIVER ROAD
City-St-Zip: LABELLE, FL 33935

Title: VTR () Delete
Name: SHERRROD, WILLIAM
Address: 345 7TH AVE
City-St-Zip: LABELLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH ELVER

PRES

07/11/2005

Electronic Signature of Signing Officer or Director

_____ Date