

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07764

FILED  
Jan 27, 2006  
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 ( )**

**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: SHERROD, 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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 Chapter 119, 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

PCTR

01/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date