


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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
---	--

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

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

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000800880 01/31/08-80035-004 70.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR HAMIL, JON 19490 MARSHALL FIELD ROAD SW LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ELVER, RALPH 461 S MAIN ST (SR29) LABELLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LANGFORD, PATRICK 6TH AVE. LABELLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SOUND, CAREY 2074 FT DENAUD RD LABELLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR BEER, BRIAN 1021 N RIVER ROAD LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Bryan Beer 1-18-08 863-675-3277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #