

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07764

FILED
Oct 14, 2009
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 ()**
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: RALPH ELVER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STR () Delete
Name: HAMIL, JON
Address: 19490 MARSHALL FIELD ROAD SW
City-St-Zip: LABELLE, FL 33935

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTR (X) Change () Addition
Name: BEER, BRYAN
Address: 1021 N RIVER ROAD
City-St-Zip: LABELLE, FL 33935

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 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: BYRAN BEER

Electronic Signature of Signing Officer or Director

PTR

10/14/2009

Date