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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08753 (8)

1. Corporation Name

CENTRAL CHURCH OF CHRIST OF LABELLE, INC.

Principal Place of Business	Mailing Address
60 HENDRY ST LABELLE FL 33935	60 HENDRY ST LABELLE FL 33935-5207

3. Date Incorporated or Qualified: 04/16/1985
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-2452408 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAMOS, JOSEPH
60 HENDRY ST.
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GASKINS, TOM, JR.		1.2 NAME		
STREET ADDRESS	HIGHWAY 27		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALMDALE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RAMOS, JOSEPH		2.2 NAME		
STREET ADDRESS	4092 RAINBOW CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	WESTBERRY, RAY		3.2 NAME	GARDNER-MARDEN	
STREET ADDRESS	4068 RAINBOW CIR		3.3 STREET ADDRESS	60 HENDRY ST	
CITY-ST-ZIP	LABELLE FL		3.4 CITY-ST-ZIP	LA BELLE FLA 33935	
TITLE	DVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCDANIEL, TIFTON		4.2 NAME		
STREET ADDRESS	190 CLARK ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		4.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PREJEAN, JOSEPH		5.2 NAME		
STREET ADDRESS	2008 MARINER CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FIDLER, LEN		6.2 NAME		
STREET ADDRESS	93 HICKORY CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOSEPH RAMOS Joseph Ramos 3/14/1997 (941) 675-4796