

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N93000003700 (2)**

1. Corporation Name

COMMUNITY LOVE CENTER OF FORT WALTON BEACH, INC.

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

117 KIWI PLACE
FT WALTON BEACH FL 32549

PO BOX 5131
FT WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1993

3a. Date of Last Report

07/01/1994

4. FEI Number

59-3200824

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEYMORE, CLANSTON
337 HOLLYWOOD BLVD NE
FT WALTON BEACH FL 32548

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Clanston Seymore

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

4/21/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	CT
NAME	WILLIAMS, DWIGHT L
STREET ADDRESS	2751 KEATS DR
CITY - ST - ZIP	CRESTVIEW FL
TITLE	D
NAME	RANDOLPH, NORA
STREET ADDRESS	101 FOREST DR.
CITY - ST - ZIP	FT. WALTON BCH. FL
TITLE	T
NAME	SIMMONS, WILLIE
STREET ADDRESS	209 GREEN ACRES RD.
CITY - ST - ZIP	FT. WALTON BCH. FL
TITLE	T
NAME	WATERS, GERALD L
STREET ADDRESS	1938 ESTIVAL ST.
CITY - ST - ZIP	FT. WALTON BCH FL
TITLE	D
NAME	FARLEY, ARDEN
STREET ADDRESS	2512 GEORGETOWN LN
CITY - ST - ZIP	FT. WALTON BCH. FL
TITLE	D
NAME	FLEMING, GERALDINE
STREET ADDRESS	822 MEADOW LN
CITY - ST - ZIP	FT. WALTON BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	☒ Change ☐ Addition
12 NAME	WILLIE SIMMONS	
13 STREET ADDRESS	209 GREEN ACRES ROAD	
14 CITY - ST - ZIP	FORT WALTON BEACH, FL 32548	
21 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
22 NAME	DWIGHT L. WILLIAMS	
23 STREET ADDRESS	2751 KEATS DR	
24 CITY - ST - ZIP	CRESTVIEW, FL 32539	
31 TITLE	D	☒ Change ☐ Addition
32 NAME	BEVERLY WILLIAMS	
33 STREET ADDRESS	2751 KEATS DR	
34 CITY - ST - ZIP	CRESTVIEW, FL 32539	
41 TITLE	S	☒ Change ☐ Addition
42 NAME	GERALD WATERS	
43 STREET ADDRESS	12 Countney Lane	
44 CITY - ST - ZIP	Crestview, FL 32539	
51 TITLE		☐ Change ☒ Addition
52 NAME	Milton Brown	
53 STREET ADDRESS	335 Lula Belle Lane	
54 CITY - ST - ZIP	Fort Walton Beach, FL 32548	
61 TITLE		☐ Change ☒ Addition
62 NAME	John Gaines	
63 STREET ADDRESS	2512 Georgetown Lane	
64 CITY - ST - ZIP	Fort Walton Beach, FL 32548	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

BEVERLY WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

(904) 243-0262

Date

Telephone Number