

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000003700 (2)

1. Corporation Name

COMMUNITY LOVE CENTER OF FORT WALTON BEACH, INC.



Principal Place of Business

117 KIWI PLACE  
FT WALTON BEACH FL 32549

Mailing Address

PO BOX 5131  
FT WALTON BEACH FL 32549

3. Date Incorporated or Qualified  
08/16/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number  
59-3200824

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

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 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

CLANSTON SEYMORE

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

(NOTE: Registered Agent signature required when registering)

Apr 17, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS SIMMONS, WILLIE  
CITY-ST-ZIP 209 GREEN ACRES ROAD  
FT WALTON BEACH FL

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME D  
1.3 STREET ADDRESS George Castillo  
1.4 CITY-ST-ZIP 41 Marlborough Road  
Shalimar, FL 32579

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS WILLIAMS, DWIGHT L  
CITY-ST-ZIP 2751 KEATS DR  
CRESTVIEW FL

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D  
2.3 STREET ADDRESS Bobbie Ponder  
2.4 CITY-ST-ZIP 115 W. Audrey Drive  
Fort Walton Beach, FL 32548

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS WILLIAMS, BEVERLY  
CITY-ST-ZIP 2751 KEATS DR  
CRESTVIEW FL

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME D  
3.3 STREET ADDRESS Linda Long  
3.4 CITY-ST-ZIP 829 Linda Drive  
Mary Esther, FL 32569

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS WATERS, GERALD  
CITY-ST-ZIP 12 COUNTRY LANE  
CRESTVIEW FL

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME D  
4.3 STREET ADDRESS Becky Cook  
4.4 CITY-ST-ZIP 1540 C. North Beal Extension  
Fort Walton Beach, FL 32547

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS FARLEY, ARDEN  
CITY-ST-ZIP 2512 GEORGETOWN LN  
FT. WALTON BCH. FL

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME D  
5.3 STREET ADDRESS Robert Weaver  
5.4 CITY-ST-ZIP 88 9th Street  
Shalimar FL 32579

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS FLEMING, GERALDINE  
CITY-ST-ZIP 822 MEADOW LN  
FT. WALTON BCH. FL

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME D  
6.3 STREET ADDRESS Natalie Edwards  
6.4 CITY-ST-ZIP 31 Cenner Court  
Shalimar, FL 32579

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DWIGHT L. WILLIAMS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 17, 1996 904-682-1146

Date

Daytime Phone #

CR2E037 (12/95)