

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90141 040 \*\*\*\*61.25

DOCUMENT # N93000003700

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/16/1993

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Dwight L. Williams

82 Street Address (P.O. Box Number is Not Acceptable)

2751 KEATS DR.

83

84 City Crestview

FL

85 Zip Code 32536

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)

4/20/99

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE D  
NAME WILLIAMS, BEVERLY  
STREET ADDRESS 830 CARDINAL DR #3  
CITY-ST-ZIP FORT WALTON BEACH FL ☐ DELETE

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

TITLE P  
NAME PONDER, BOBBIE  
STREET ADDRESS 115 W AUDREY DR  
CITY-ST-ZIP FT. WALTON BCH. FL ☐ DELETE

TITLE D  
NAME LONG, LINDA  
STREET ADDRESS 829 LINDA DRIVE  
CITY-ST-ZIP MARY ESTHER FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27924/99 863-3115

CR2E037 (11/98)

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