

**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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 13 PM 3: 07**

**DOCUMENT # 742297 (5)**  
1. Corporation Name  
**CENTRAL FLORIDA SINGLES OF LAKE COUNTY, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
301 W WARD AVE EUSTIS FL 32726 US		PO BOX 491901 LEESBURG FL 34749-1901 US	
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

3. Date Incorporated or Qualified	3a. Date of Last Report
04/06/1978	03/03/1994
4. FEI Number	Applied For
59-2377755	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORRONE, GENEVA 28026 HOLLONDEL RD OKAHUMPKA FL 34762				81 Name	Carol B. Williams		
				82 Street Address (P.O. Box Number is Not Acceptable)	113 Crossways Drive, MFL		
				83			
				84 City	Leesburg,	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: Carol B. Williams / CAROL B WILLIAMS DATE: 4-7-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRONE, GENEVA	1.2 NAME	Carol B. Williams
STREET ADDRESS	28026 HOLLONDEL RD	1.3 STREET ADDRESS	113 Crossways Dr, MFL
CITY - ST - ZIP	OKAHUMPKA FL	1.4 CITY - ST - ZIP	Leesburg, FL. 34788
TITLE	VD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALESKI, STEPHEN	2.2 NAME	Orville Randy Holley
STREET ADDRESS	1610 E FIRST AVE	2.3 STREET ADDRESS	803 Michigan St.
CITY - ST - ZIP	MT DORA FL	2.4 CITY - ST - ZIP	Wildwood, FL. 34785
TITLE	S	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLINE, DOROTHY	3.2 NAME	Eva Bowden
STREET ADDRESS	1204 BERWICK DR	3.3 STREET ADDRESS	12109 Helena Court
CITY - ST - ZIP	LEESBURG FL	3.4 CITY - ST - ZIP	Leesburg, FL. 34788
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDER, RICHARD	4.2 NAME	
STREET ADDRESS	130 DOUGLAS ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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

SIGNATURE: Carol B. Williams / Carol B. Williams DATE: 3-21-95 96-1-589 8564