

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



Principal Place of Business  
301 W WARD AVE  
EUSTIS FL 32726  
US

Mailing Address  
PO BOX 491901  
LEESBURG FL 34749-1901  
US

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>04/06/1978  | 3a. Date of Last Report<br>04/13/1995 |
| 4. FEI Number<br>59-2377755  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

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

9. Name and Address of Current Registered Agent

WILLIAMS, CAROL B.  
113 CROSSWAYS DRIVE, MFL  
LEESBURG FL 34788

10. Name and Address of New Registered Agent

|   |                      |
|---|----------------------|
| 81 Name<br>Gladys Barron  | 85 Zip Code<br>34731 |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>1749 Lynn Ave. |                      |
| 83  |                      |
| 84 City<br>Fruitland Park, FL   |                      |

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 Gladys Barron Treasurer Gladys Barron 3-5-96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WILLIAMS, CAROL B.<br>113 CROSSWAYS DR., MFL<br>LEESBURG FL<br><input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | Treasurer (TD)<br>Gladys Barron<br>1749 Lynn Ave.<br>Fruitland Park, FL 34731<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ORVILLE, RANDY HOLLEY<br>803 MICHIGAN ST.<br>WILDWOOD FL<br><input checked="" type="checkbox"/> DELETE    | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | Vice Pres. (VD)<br>Bill White<br>628 Mount Homer<br>Eustis, FL 32726<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BOWDEN, EVA<br>12109 HELENA COURT<br>LEESBURG FL<br><input type="checkbox"/> DELETE                       | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>03/26/96 - 01044 - 001<br>***CL 25  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BENDER, RICHARD<br>130 DOUGLAS ST<br>EUSTIS FL<br><input checked="" type="checkbox"/> DELETE              | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | President (PD)<br>Rebo C. McKinster<br>3442 Picciola Dr.<br>Fruitland Park, FL 34731<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | Assistant Treasurer<br>Betty Recken<br>3442 Picciola Dr.<br>Fruitland Park, FL 34731<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | 2nd. Vice Pres.<br>Peggy McGee<br>3005 Clear Lake Circle<br>Eustis, FL 32736<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |

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: Gladys Barron Gladys Barron 352-787-0621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone:

CR2E037 (12/95)

3-25-1996