

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: 04/06/1978
3a. Date of Last Report: 04/13/1995
4. FEI Number: 59-2377755
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**WILLIAMS, CAROL B.
113 CORSSWAYS DRIVE, MFL
LEESBURG FL 34788**

10. Name and Address of New Registered Agent
81 Name: Gladys Barron
82 Street Address: 1749 Lynn Ave.
84 City: Fruitland Park, FL 85 Zip Code: 34731

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 Treasure Gladys Barron DATE: 3-5-96

12. OFFICERS AND DIRECTORS		DELETE
TITLE	TD	<input type="checkbox"/>
NAME	WILLIAMS, CAROL B.	
STREET ADDRESS	113 CROSSWAYS DR., MFL	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	ORVILLE, RANDY HOLLEY	
STREET ADDRESS	803 MICHIGAN ST.	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	SD	<input type="checkbox"/>
NAME	BOWDEN, EVA	
STREET ADDRESS	12109 HELENA COURT	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	BENDER, RICHARD	
STREET ADDRESS	130 DOUGLAS ST	
CITY-ST-ZIP	EUSTIS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE	Treasure (TD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	Gladys Barron		
13 STREET ADDRESS	1749 Lynn Ave.		
14 CITY-ST-ZIP	Fruitland Park, FL 34731		
21 TITLE	Vice Pres. (VD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	Bill White		
23 STREET ADDRESS	628 Mount Homer		
24 CITY-ST-ZIP	Eustis, FL 32726		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	President (PD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42 NAME	Rebo C. McKinster		
43 STREET ADDRESS	3442 Picciola Dr.		
44 CITY-ST-ZIP	Fruitland Park, FL 34731		
51 TITLE	Assistant Treasure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52 NAME	Betty Recken		
53 STREET ADDRESS	3442 Picciola Dr.		
54 CITY-ST-ZIP	Fruitland Park, FL 34731		
61 TITLE	2nd. Vice Pres	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62 NAME	Peggy McGee		
63 STREET ADDRESS	3025 Clean Lake Circle		
64 CITY-ST-ZIP	Eustis, FL 32726		

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