


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 P.O. BOX 323 EUSTIS FL 32727-0323 US
---	--

3. Date Incorporated or Qualified 04/06/1978	
4. FEI Number 59-2377755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, 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

**MARY LORAIN HAMPY
605 LAKESHORE DR.
EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
TD	HAMPY, MARY LORAIN	<input type="checkbox"/> DELETE	
605 LAKESHORE DR.	EUSTIS FL		
VD	MCGEE, PEGGY	<input checked="" type="checkbox"/> DELETE	
36025 CLEAR LAKE CIR.	EUSTIS FL		
SD	BOWDEN, EVA	<input checked="" type="checkbox"/> DELETE	
12109 HELENA COURT	LEESBURG FL		
PD	DAVIS, JOE S.	<input checked="" type="checkbox"/> DELETE	
33818 LINCOLN RD.	LEESBURG FL		
D	HUNTER, NORMA	<input checked="" type="checkbox"/> DELETE	
108 LISA DR.	MT. DORA FL		
2VP	PRUCE, JOSEPH	<input checked="" type="checkbox"/> DELETE	
36808 SCOTTSDALE DR.	LEESBURG FL		

1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	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)(i), 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: Mary Loraine Hampy 4/1/98 352-357-2437

CR2E037 (10/97)