


FILE NOW: FILING FEE IS \$61.25

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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
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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
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3. Date Incorporated or Qualified 04/06/1978
4. FEI Number 59-2377755
Applied For Not Applicable

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

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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	TD	
NAME	HAMPY, MARY LORAIN	
STREET ADDRESS	605 LAKESHORE DR.	
CITY-ST-ZIP	EUSTIS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCGEE, PEGGY	
STREET ADDRESS	36025 CLEAR LAKE CIR.	
CITY-ST-ZIP	EUSTIS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOWDEN, EVA	
STREET ADDRESS	12109 HELENA COURT	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JOE S.	
STREET ADDRESS	33618 LINCOLN RD.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, NORMA	
STREET ADDRESS	108 LISA DR.	
CITY-ST-ZIP	MT. DORA FL	
TITLE	2VP	<input checked="" type="checkbox"/> DELETE
NAME	PRUCE, JOSEPH	
STREET ADDRESS	36608 SCOTTS DALE DR.	
CITY-ST-ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	IVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN MCCORMICK	
2.3 STREET ADDRESS	1518 W SCHWARTZ DR	
2.4 CITY-ST-ZIP	LEESBURG, FL 34748	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARY PERGIANI	
3.3 STREET ADDRESS	82 WILDWOOD LANE	
3.4 CITY-ST-ZIP	EUSTIS, FLA 32726	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM WHITE	
4.3 STREET ADDRESS	628 MT HOMER RD	
4.4 CITY-ST-ZIP	EUSTIS, FLA 32726	
5.1 TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANNETTE MCCLESNEY	
5.3 STREET ADDRESS	1245 SUNMEADOW LN	
5.4 CITY-ST-ZIP	GRAND ISLAND FL 32785	
6.1 TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOYCE TAYLOR	
6.3 STREET ADDRESS	15452 S.E. CR 42	
6.4 CITY-ST-ZIP	WEIRDALE FL 32778	

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 Lorraine Hampy** 4/1/98 352-357-2437

CR2E037 (10/97)