FILE NOW: FILING FEE IS \$61.25				FILED
NONPROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPAF:T Katherine Secretary	e Harris of State	Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90185 027 ****61.25
1999 DIVISION OF COL			ORPORATIONS	04-27-1999 90183 027 01.23
DOCUMENT # 742297 1. Corporation Name				
CENTRAL FLORIDA SINGLES OF LAKE COUNTY, INC.				433196 - 90185 - 27
Principal Place of Business		Mailing Address		
301 W WARD AVE EUSTIS FL 32726 US		p.o. box 323 Eustis FL 32727-0323 US		
·	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 04/06/1978
21 Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For
22 City & State	9	27 City & State		59-2377755 Not Applicable   5. Certificate of Status Desired \$8.75   Fee Required
23 Zip	Country	28 Zip 293	Country	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	9- Name and Address of Curre			10. Name and Address of New Registered Agent
81   Name   JOSEPH   PRUCE     MARY LORAINE HAMPY   82   Street Address (P.O. Box Number is Not Acceptable)     605 LAKESHORE DR.   3660 SCO TTSDALE   DR IVE     EUSTIS FL 32726   83     84   City   ORAND ISLAND   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 ragistered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of Cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes     SIGNATURE   JOSSPH   PRCCE     Signature, typed or punted ne ne of registered agent and title if applicable   (NOT Registered Agent signature referred when remetating)   DATE     12.   OFFICERS AND DIRECTORS   13.   ADDITIC INS/CHANGES TO OFFICERS (ND DIRECTOFS IN 12)				
TITLE	TD Hampy, Mary Loraine		1.2 NAME	UNSEPH PRUCE
STREET ADDRESS	605 LAKESHORE DR.		1.3 STREET ADDRESS	36600 SCOTTSDALE DRIVE
CITY-ST-ZIP	EUSTIS FL	DELETE	1.4 CITY- ST-ZIP 2.1 TITLE	GRAND ISLAND, FL 32735 FIRST VICE PRESIDENT Change MAddition
TITLE NAME STREET ADDRESS	FVP MCCORMICK, JOHN 1518 W SCHWARTZ OBG		2.2 NAME 2.3 STREET ADDRESS	GRAND ISLAND, FL 32735 FIRST VICE PRESIDENT AChange Addition MADIS, MILLARD O. 788 SANDI PR.
CITY-ST-ZIP	LEESBURG FL 34748		2.4 CITY-ST-ZIP	LEESBURG, FL 94100
TITLE	SD		3.1 TITLE	Change Addition
STREET ADDRESS	PERSIANI, MARY 82 WILDWOOD LANE EUSTIS FL 32726		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	
TITLE	PD	DELETE	4.1 TITLE	Change Addition
NAME	WHITE, WILLIAM		4. 2 NAME	
	628 MT HOMER RD		4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	
CITY-ST-ZIP TITLE	EUSTIS FL 32726 D	DELETE	5.1 TITLE	MENIBER. SHIP CHMN Dechange DAddition
NAME	MCCHESNEY, ANNETTE	·	5.2 NAME	FORPPEL HARRIET 2 PALM PLAZA
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	TAVARES, FL 32778
CITY-ST-ZIP TITLE	GRAND ISLAND FL 32735 2VP		6.1 TALE	DRESUTENT Schange Addition
NAME	TAYLOR, JOYCE		6.2 NAME	TAY LOR, JOYCE 15452 SE GR 42
	15452 SE CR 42		6.3 STREET ADDRESS 6.4 CITY- ST-ZIP	WEIRSPALE F 32778
14. I hereby	WEIRSDALE FL 32778 certify that the information supplied	with this filing does not qualify for	the evernation state(	in Section 119 07(3)(i) Florida Statutes, I further certify that the information
officer or	director of the corporation or the red	ceiver or trustee empowered to ex	ecute this report as i	ature shall have the same legal effect as if made ι nder oath; that I am an required by Chap er 617, Florida Statutes; and thεt my name appears in
Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered SIGNATURE: <u>JOS EPH PRUCE GRE FEDULES</u> SIGNATURE AND TYPED OIL PRINTED NAME OF SYMING OFFICER OR DIRECTOR Date Date				