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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90185 027 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 742297**

1. Corporation Name

**CENTRAL FLORIDA SINGLES OF LAKE COUNTY, INC.**

433196 - 90185 - 27

Principal Place of Business

301 W WARD AVE  
 EUSTIS FL 32726  
 US

Mailing Address

P.O. BOX 323  
 EUSTIS FL 32727-0323  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

04/06/1978

4. FEI Number

59-2377755

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be  
 Added to Fees

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 **JOSEPH PRUCE**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **36608 SCOTTSDALE DRIVE**

84 City **GRAND ISLAND FL**

85 Zip Code **32735**

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 **JOSEPH PRUCE**

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

(NOT: Registered Agent signature required when reinstating)

**Joseph Pruce** **04-22-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD**  DELETE  
 NAME **HAMPY, MARY LORAIN**  
 STREET ADDRESS **605 LAKESHORE DR.**  
 CITY-ST-ZIP **EUSTIS FL**

TITLE **FVP**  DELETE  
 NAME **MCCORMICK, JOHN**  
 STREET ADDRESS **1518 W SCHWARTZ OBG**  
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **SD**  DELETE  
 NAME **PERSIANI, MARY**  
 STREET ADDRESS **82 WILDWOOD LANE**  
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **PD**  DELETE  
 NAME **WHITE, WILLIAM**  
 STREET ADDRESS **628 MT HOMER RD**  
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D**  DELETE  
 NAME **MCCHESENEY, ANNETTE**  
 STREET ADDRESS **1245 SUNMEADOW LANE**  
 CITY-ST-ZIP **GRAND ISLAND FL 32735**

TITLE **2VP**  DELETE  
 NAME **TAYLOR, JOYCE**  
 STREET ADDRESS **15452 SE CR 42**  
 CITY-ST-ZIP **WEIRSDALE FL 32778**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TREASURER**  Change  Addition  
 1.2 NAME **JOSEPH PRUCE**  
 1.3 STREET ADDRESS **36608 SCOTTSDALE DRIVE**  
 1.4 CITY-ST-ZIP **GRAND ISLAND, FL 32735**

2.1 TITLE **FIRST VICE PRESIDENT**  Change  Addition  
 2.2 NAME **MARIS MILLARD O.**  
 2.3 STREET ADDRESS **788 SANDI DR.**  
 2.4 CITY-ST-ZIP **LEESBURG, FL 34788**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE **MEMBERSHIP CHMN**  Change  Addition  
 5.2 NAME **FOEPPEL HARRIST**  
 5.3 STREET ADDRESS **2 PALM PLAZA**  
 5.4 CITY-ST-ZIP **TAVARES, FL 32778**

6.1 TITLE **PRESIDENT**  Change  Addition  
 6.2 NAME **TAYLOR JOYCE**  
 6.3 STREET ADDRESS **15452 SE CR 42**  
 6.4 CITY-ST-ZIP **WEIRSDALE 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, with all other like empowered

SIGNATURE: **JOSEPH PRUCE** **Joseph Pruce**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-22-99** **(352) 889-9306**

Date Daytime Phone #

CR2E037 (1/98)