


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90466 025 ****61.25

DOCUMENT # 742297 1. Entity Name CENTRAL FLORIDA SINGLES OF LAKE COUNTY, INC.	
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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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2377755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYLOR, JOYCE D 15452 SE HIGHWAY 42 WEIRSDALE FL 32195	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joyce D. Taylor Joyce D. Taylor 4-11-06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, JOYCE D 15452 SE HWY 42 WEIRSDALE FL 32195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, JOYCE D 15452 S.E. HWY 42 WEIRSDALE FL 32195 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD RINAS, PEGGY D 36025 CLEAR LAKE CIRCLE EUSTIS FL 34789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD RINAS, PEGGY D 36025 CLEAR LAKE CIRCLE EUSTIS, FL 34789 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COPPEL, GRETA D 15833 WILSON PARRISH RD UMATILLA FL 32674 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEWEES, MYRNA 1573 VICTORIA WAY WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEASON, BOBBY W 99 PARKLAND DRIVE EUSTIS FL 32727 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEASON, BOBBY W 99 PARKLAND DRIVE EUSTIS, FL 32727 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MCLEOD, JACK 20 CIRCLE DRIVE MOUNT DORA FL 32757-3428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MCLEOD, JACK 20 CIRCLE DRIVE MOUNT DORA, FL 32757-3428 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD WILLIAMS, DORIS 788 SANDY DRIVE LEESBURG FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD NORMA SWAYNE M. 6611 SINCLAIR CIR TAVARES, FL 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce D. Taylor Joyce D. Taylor 4-11-06 352-821-0746