


**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.**



Principal Place of Business      Mailing Address  
**301 W WARD AVE  
EUSTIS FL 32726  
US**      **P.O. BOX 323  
EUSTIS FL 32727-0323  
US**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)  
4. FEI Number      Applied For  
**59-2377755**      Not Applicable

5. Certificate of Status Desired       \$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

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.       \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | TD                       | <input type="checkbox"/> Delete            |
| NAME           | TAYLOR, JOYCE D.         |  |
| STREET ADDRESS | 15452 SE HWY 42          |  |
| CITY-ST-ZIP    | WEIRSDALE FL 32195       |  |
| TITLE          | FVPD                     | <input type="checkbox"/> Delete            |
| NAME           | RINAS, PEGGY D           |  |
| STREET ADDRESS | 36025 CLEAR LAKE CIRCLE  |  |
| CITY-ST-ZIP    | EUSTIS FL 34789          |  |
| TITLE          | SD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | COPPEL, GRETA D          |  |
| STREET ADDRESS | 15833 WILSON PARRISH RD  |  |
| CITY-ST-ZIP    | UMATILLA FL 32674        |  |
| TITLE          | PD                       | <input type="checkbox"/> Delete            |
| NAME           | DEASON, BOBBY W          |  |
| STREET ADDRESS | 99 PARKLAND DRIVE        |  |
| CITY-ST-ZIP    | EUSTIS FL 32727          |  |
| TITLE          | ATD                      | <input type="checkbox"/> Delete            |
| NAME           | MCLEOD, JACK             |  |
| STREET ADDRESS | 20 CIRCLE DRIVE          |  |
| CITY-ST-ZIP    | MOUNT DORA FL 32757-3428 |  |
| TITLE          | SVPD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | WILLIAMS, DORIS          |  |
| STREET ADDRESS | 788 SANDY DRIVE          |  |
| CITY-ST-ZIP    | LEESBURG FL 32778        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | TD                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | TAYLOR, JOYCE D.          |  |
| STREET ADDRESS | 15452 S.E. HWY 42         |  |
| CITY-ST-ZIP    | WEIRSDALE FL 32195        |  |
| TITLE          | FVPD                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | RINAS, PEGGY D.           |  |
| STREET ADDRESS | 36025 CLEAR LAKE CIRCLE   |  |
| CITY-ST-ZIP    | EUSTIS, FL 34789          |  |
| TITLE          | SD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DEWEESE, MYRNA            |  |
| STREET ADDRESS | 1573 VICTORIA WAY         |  |
| CITY-ST-ZIP    | WINTER GARDEN, FL 34787   |  |
| TITLE          | PD                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | DEASON, BOBBY W.          |  |
| STREET ADDRESS | 99 PARKLAND DRIVE         |  |
| CITY-ST-ZIP    | EUSTIS, FL 32727          |  |
| TITLE          | ATD                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | MCLEOD, JACK              |  |
| STREET ADDRESS | 20 CIRCLE DRIVE           |  |
| CITY-ST-ZIP    | MOUNT DORA, FL 32757-3428 |  |
| TITLE          | SVPD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | NORMA SWAYNE, M.          |  |
| STREET ADDRESS | 661 SINCLAIR CIR.         |  |
| CITY-ST-ZIP    | TAVARES, FL 32778         |  |

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