


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90199 019 \*\*\*\*\*61.25

<b>DOCUMENT # 742297</b>	
1. Entity Name <b>CENTRAL FLORIDA SINGLES OF LAKE COUNTY, INC.</b>	

Principal Place of Business <b>301 W WARD AVE EUSTIS FL 32726 US</b>	Mailing Address <b>P.O. BOX 323 EUSTIS FL 32727-0323 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

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

<b>6. Name and Address of Current Registered Agent</b>  <b>TAYLOR, JOYCE D 15452 SE HIGHWAY 42 WEIRSDALE FL 32195</b>
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 4-17-2007  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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 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	FVPD RINAS, PEGGY D 36025 CLEAR LAKE CIRCLE EUSTIS FL 34789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEWEESE, MYRNA 1573 VICTORIA WAY WINTER GARDEN FL 34787 <input type="checkbox"/> Delete
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	ATD MCLEOD, JACK 20 CIRCLE DRIVE MOUNT DORA FL 32757-3428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD SWAYNEIM, NORMA 661 SINCLAIR CIR TAVARES FL 32778 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWEESE, MYRNA 1573 VICTORIA WAY, WINTER GARDEN FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD DEASON, BOBBY W. 99 PARKLAND DRIVE EUSTIS FL 32727 <input checked="" 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWAYNEIM, NORMA 661 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 4-17-07 352-84-0746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #