


# 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><br>1. Entity Name<br><b>CENTRAL FLORIDA SINGLES OF LAKE COUNTY, INC.</b>   |                          |                                    |                          |
| Principal Place of Business   |                          | Mailing Address   |                          |
| 301 W WARD AVE<br>EUSTIS FL 32726<br>US   |                          | P.O. BOX 323<br>EUSTIS FL 32727-0323<br>US  |                          |
| 2. Principal Place of Business - No P.O. Box #  |                          | 3. Mailing Address  |                          |
| Suite, Apt. #, etc.   |                          | Suite, Apt. #, etc.   |                          |
| City & State  |                          | City & State  |                          |
| Zip   | Country                  | Zip   | Country                  |
|   |                          |   |                          |
| 4. FEI Number   |                          | Applied For   |                          |
| 59-2377755  |                          | Not Applicable  |                          |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                          | \$8.75 Additional Fee Required  |                          |
| 6. Name and Address of Current Registered Agent   |                          | 7. Name and Address of New Registered Agent   |                          |
| <b>TAYLOR, JOYCE D</b><br><b>15452 SE HIGHWAY 42</b><br><b>WEIRSDALE FL 32195</b>   |                          | Name  |                          |
|   |                          | Street Address (P.O. Box Number is Not Acceptable)  |                          |
|   |                          | City  |                          |
|   |                          | <b>FL</b>   | 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 <u>Joyce D. Taylor</u>  |                          | SIGNATURE <u>Joyce D. Taylor</u>  |                          |
| Signature: typed or printed name of registered agent and title if applicable.   |                          | (N/A: E. Registered Agent signature required upon reinstating)  |                          |
|   |                          | DATE <u>4-17-2007</u>   |                          |
| <b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>  |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                          |
| <b>Make Check Payable to Florida Department of State</b>  |                          |   |                          |
| 10. OFFICERS AND DIRECTORS  |                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |                          |
| TITLE   | TD                       | TITLE   | TD                       |
| NAME  | TAYLOR, JOYCE D          | NAME  | TAYLOR JOYCE, D.         |
| STREET ADDRESS  | 15452 SE HWY 42          | STREET ADDRESS  | 15452 S.E. HWY 42,       |
| CITY-ST-ZIP   | WEIRSDALE FL 32195       | CITY-ST-ZIP   | WEIRSDALE FL 32195       |
| TITLE   | FVPD                     | TITLE   | FVPD                     |
| NAME  | RINAS, PEGGY D           | NAME  | RINAS PEGGY, D.          |
| STREET ADDRESS  | 36025 CLEAR LAKE CIRCLE  | STREET ADDRESS  | 36025 CLEAR LAKE CIRCLE. |
| CITY-ST-ZIP   | EUSTIS FL 34789          | CITY-ST-ZIP   | EUSTIS FL 34789          |
| TITLE   | SD                       | TITLE   | P.D.                     |
| NAME  | DEWEESE, MYRNA           | NAME  | DEWEESE MYRNA            |
| STREET ADDRESS  | 1573 VICTORIA WAY        | STREET ADDRESS  | 1573 VICTORIA WAY.       |
| CITY-ST-ZIP   | WINTER GARDEN FL 34787   | CITY-ST-ZIP   | WINTER GARDEN, FL 34787  |
| TITLE   | PD                       | TITLE   | S.V.P.D.                 |
| NAME  | DEASON, BOBBY W          | NAME  | DEASON BOBBY, W.         |
| STREET ADDRESS  | 99 PARKLAND DRIVE        | STREET ADDRESS  | 99, PARKLAND DRIVE       |
| CITY-ST-ZIP   | EUSTIS FL 32727          | CITY-ST-ZIP   | EUSTIS - FL 32727        |
| TITLE   | ATD                      | TITLE   | ATD                      |
| NAME  | MCLEOD, JACK             | NAME  | MCLEOD JACK.             |
| STREET ADDRESS  | 20 CIRCLE DRIVE          | STREET ADDRESS  | 20, CIRCLE DRIVE.        |
| CITY-ST-ZIP   | MOUNT DORA FL 32757-3428 | CITY-ST-ZIP   | MOUNT DORA FL 32757-3428 |
| TITLE   | SVPD                     | TITLE   | SD.                      |
| NAME  | SWAYNEIM, NORMA          | NAME  | SWAYNGIM NORMA           |
| STREET ADDRESS  | 661 SINCLAIR CIR         | STREET ADDRESS  | 661 SINCLAIR CIR.        |
| CITY-ST-ZIP   | TAVARES FL 32778         | CITY-ST-ZIP   | TAVARES, FL 32778        |



1st MOORE CR2E037 (10/06)

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