


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90933 018 \*\*\*\*61.25

**DOCUMENT # 742297**

1. Entity Name  
**CENTRAL FLORIDA SINGLES OF LAKE COUNTY, INC.**



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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2377755** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PELTIER, ROGER G  
656 MARINER LANE  
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name  
**TAYLOR, Joyce, D.**

Street Address (P.O. Box Number is Not Acceptable)  
**15452 S.E. HWY 42**

City **WEIRSDALE** FL Zip Code **32195**

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* **4-12-2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW: FEE IS \$61.25**

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	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PELTIER, ROGER D</b>	
STREET ADDRESS	<b>656 MARINER LANE</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
TITLE	<b>FVP</b>	<input type="checkbox"/> Delete
NAME	<b>MCGEE, D. PEGGY</b>	
STREET ADDRESS	<b>36025 CLEAR LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>EUSTIS FL 34789</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>COPPEL, GRETA D</b>	
STREET ADDRESS	<b>15833 WILSON PARRISH RD</b>	
CITY-ST-ZIP	<b>UMATILLA FL 32674</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MILLER, D. JOHN</b>	
STREET ADDRESS	<b>47443 HIBISCUS ROAD</b>	
CITY-ST-ZIP	<b>ALTOONA FL 32702</b>	
TITLE	<b>MC</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FOEPEL, HARRIET</b>	
STREET ADDRESS	<b>701 MT HOMER RD APT 46</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>SVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEASON, D. BOBBY W</b>	
STREET ADDRESS	<b>PO BOX 1564</b>	
CITY-ST-ZIP	<b>DE LEON SPRINGS FL 32130</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T, D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, JOYCE, D.</b>	
STREET ADDRESS	<b>15452 S.E. HWY 42</b>	
CITY-ST-ZIP	<b>WEIRSDALE, FL, 32195</b>	
TITLE	<b>F.V.P. D.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGEE, D. PEGGY</b>	
STREET ADDRESS	<b>36025 CLEAR LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>EUSTIS, FL, 34789</b>	
TITLE	<b>S. D.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COPPEL GRETA</b>	
STREET ADDRESS	<b>15833 WILSON PARRISH RD.</b>	
CITY-ST-ZIP	<b>UMATILLA FL, 32702</b>	
TITLE	<b>P. D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEASON BOBBY, W.</b>	
STREET ADDRESS	<b>999 PARKLAND, DRIVE</b>	
CITY-ST-ZIP	<b>EUSTIS, FL, 32727</b>	
TITLE	<b>ASST. T. D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCLEOD, JACK</b>	
STREET ADDRESS	<b>20. CIRCLE DR.</b>	
CITY-ST-ZIP	<b>MOUNT. DORA, FL, 32757-3428</b>	
TITLE	<b>S.V.P. D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORIS, WILLIAMS MABIS</b>	
STREET ADDRESS	<b>788, SANDY DRIVE</b>	
CITY-ST-ZIP	<b>LEESBURG, FL, 32778</b>	

12. 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 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* **4-12-2003, 352-821-0746**

CR2E037 (10/02)