

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90030 013 ****61.25

DOCUMENT # N23155

1. Entity Name

**CHRISTIAN SOCIAL SERVICES OF LUTZ AND LAND
O'LAKES, FLORIDA, INCORPORATED**



Principal Place of Business

**5514 LAND O'LAKES BLVD
LAND O'LAKES FL 34639**

Mailing Address

**P.O. BOX 783
LAND O'LAKES FL 34639**

60011461

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 (10/04)

4. FEI Number

59-2799740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STAFFORD, STEWARD L.
15951 N FLORIDA AVE
LUTZ FL 33549**

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

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, 2005**

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	D	<input type="checkbox"/> Delete
NAME	STACK, SANDRA	
STREET ADDRESS	38609 BENNINGTON DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 32-3544	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, HAROLD	
STREET ADDRESS	5222 EAGLE ISLAND DR	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SKIPPER, YVONNE	
STREET ADDRESS	8356 TEN CENT ROAD	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, ANN	
STREET ADDRESS	28503 BENNINGTON DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMOTH, BARBARA D	
STREET ADDRESS	4102 GAULDEN LN	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SNOOK, JANE	
STREET ADDRESS	2942 JABUD LANE	
CITY-ST-ZIP	LAND O'LAKES FL 34639	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stack Sandra	
STREET ADDRESS	28609 Bennington Dr	
CITY-ST-ZIP	Wesley Chapel, FL 33544	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith Barbara	
STREET ADDRESS	4102 Gaulden Ln	
CITY-ST-ZIP	Land O'Lakes, FL 34639	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Yvonne Skipper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2005

Date

813-493-8284

Daytime Phone #