

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 15, 2006 8:00 am
Secretary of State

02-15-2006 90053 037 ****61.25

66005407



1st MOORE CR2E037 (10/05)

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2799740	
				Applied For <input type="checkbox"/> 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		
STAFFORD, STEWARD L. 15951 N FLORIDA AVE LUTZ FL 33549			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 <u>Ann D. Davis</u> (Ann D. Davis) Sec'y DATE <u>1/3/06</u>					
<div> <div>FILE NOW: FEE IS \$61.25 Due By: May 1, 2006</div> <div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div> <div>Make Check Payable to Florida Department of State</div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STACK, SANDRA		NAME		
STREET ADDRESS	28609 BANNINGTON DR		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, HAROLD		NAME		
STREET ADDRESS	5222 EAGLE ISLAND DR		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES FL 34639		CITY-ST-ZIP		
TITLE	CD <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKIPPER, YVONNE		NAME	Yvonne Skipper	
STREET ADDRESS	8356 TEN CENT ROAD		STREET ADDRESS	8356 Ten Cent Rd	
CITY-ST-ZIP	LAND O'LAKES FL 34639		CITY-ST-ZIP	Land O'Lakes, FL 34639	
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, ANN		NAME		
STREET ADDRESS	28503 BENNINGTON DR		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, BARBARA		NAME		
STREET ADDRESS	4102 GAULDEN LN		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES FL 34639		CITY-ST-ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SNOOK, JANE		NAME	LEE Browder	
STREET ADDRESS	2942 JABUD LANE		STREET ADDRESS	19618 Bergenfield Dr	
CITY-ST-ZIP	LAND O'LAKES FL 34639		CITY-ST-ZIP	Lutz, FL 33549	
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: <u>Ann D. Davis</u> DATE <u>3/7/06</u> (813) 991-5083					



ATTACHMENT
66005207

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

CHRISTIAN SOCIAL SERVICES OF LUTZ AND LAND O'LAKES, FL
P.O. BOX 783
LAND O'LAKES, FL 34639

Subject: **CHRISTIAN SOCIAL SERVICES OF LUTZ AND LAND O'LAKES,**

Reference Number: **N23155**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION