## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23155

FILED Jun 23, 2009 Secretary of State

Entity Name: CHRISTIAN SOCIAL SERVICES OF LUTZ AND LAND O'LAKES, FLORIDA, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2799740 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STAFFORD, STEWARD L.

ANN MARIE BROWN
1519 DALE MABRY 4WY SUITE 105

LUTZ, FL 33548

US

ANN MARIE BROWN
1519 DALE MABRY HWY
SUITE 105

UTZ, FL 33546 US SUITE 105 LUTZ, FL 33548 US

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.

SIGNATURE: ANN MARIE BROWN 06/23/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: VCD (X) Change ( ) Addition Name: STACK, SANDRA Name: SEBASTIAN, JUDY

Address: 28609 BANNINGTON DR Address: 22307 CARSON DR.
City-St-Zip: WESLEY CHAPEL, FL 33544 City-St-Zip: LAND O'LAKES, FL 34639

Title: D ( ) Delete Title: TD (X) Change ( ) Addition Name: SMITH, HAROLD Name: BURNER, LISA

Address: 5222 EAGLE ISLAND DR Address: 1907 BRILL DR
City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: LUTZ, FL 33549

Title: VD ( ) Delete Title: CD (X) Change ( ) Addition

 Name:
 CAMERON, ANN
 Name:
 CAMERON, ANN

 Address:
 3712 GOLDEN EAGLE DR
 Address:
 3712 GOLDEN EAGLE DR

 City-St-Zip:
 LAND O LAKES, FL 34639
 City-St-Zip:
 LAND O LAKES, FL 34639

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FOCHT, SALLY
 Name:

 Address:
 PO BOX 1383
 Address:

 City-St-Zip:
 LAND O LAKES, FL 34639
 City-St-Zip:

Title: D ( ) Delete Title: EXD (X) Change ( ) Addition

Name: SMITH, BARBÁRA Name: JACQUIE, PÉTÉT
Address: 4102 GAULDEN LN Address: 21346 SNOOK CIR.
City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: LAND O'LAKES, FL 34639

Title: CD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BROWDER, LEE
 Name:

 Address:
 19618 BERGENFIELD DR
 Address:

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUIE PETET EXD 06/23/2009