FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 JAN 27 PM 4:02

DOCUMENT # N38523 (9)

1. Corporation Name
EAGLE LAKE CHRISTIAN EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
670 EAGLE DRIVE P O BOX 1529 EAGLE LAKE FL 33839-6529	670 EAGLE DRIVE P O BOX 1529 EAGLE LAKE FL 33839-6529

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1990
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-3038176 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CATRETT, J.D.
920 NINTH STREET
EAGLE LAKE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CATRETT, J.D.	1.2 NAME	
STREET ADDRESS	920 9TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAGLE LAKE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	SD ☐ Change ☑ Addition
NAME	EDENFIELD, CALVIN	2.2 NAME	EDENFIELD, CALVIN
STREET ADDRESS	1180 MILL AVE., SOUTH	2.3 STREET ADDRESS	1180 MILL AVE, SOUTH
CITY-ST-ZIP	BARTOW FL	2.4 CITY-ST-ZIP	BARTOW, FL
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JUNE D.	3.2 NAME	
STREET ADDRESS	526 EAGLE LAKE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAGLE LAKE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☑ Change ☐ Addition
NAME	WOODARD, DEBORAH	4.2 NAME	DELETE
STREET ADDRESS	435 S. AVOCADO ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAGLE LAKE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MEMEC, GEORGE	5.2 NAME	
STREET ADDRESS	4460 TRANSPORT ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GARNER, SHARON	6.2 NAME	
STREET ADDRESS	12 CACTUS CR., S.W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

813-293-1805

SIGNATURE: J. D. Catrett J. D. CATRETT 1-23-95 [redacted]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067766