

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N38523** (9)

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



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

3. Date Incorporated or Qualified **06/11/1990** 3a. Date of Last Report **01/27/1995**
4. FEI Number **59-3038176** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **670 EAGLE DRIVE** 26 **P.O. Box 1529**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **EAGLE LAKE, FL 33839-1529** 28 **EAGLE LAKE, FL 33839-1529**
Zip Country Zip Country
24 25 29 30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when nonstatutory) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **PD CATRETT, J.D.**
STREET ADDRESS **920 9TH STREET**
CITY - ST - ZIP **EAGLE LAKE FL**
TITLE DELETE
NAME **SD EDENFIELD, CALVIN**
STREET ADDRESS **1180 MILL AVE., SOUTH**
CITY - ST - ZIP **BARTOW FL**
TITLE DELETE
NAME **D WILLIAMS, JUNE D.**
STREET ADDRESS **526 EAGLE LAKE DR.**
CITY - ST - ZIP **EAGLE LAKE FL**
TITLE DELETE
NAME **D MEMEC, GEORGE**
STREET ADDRESS **4460 TRANSPORT ROAD**
CITY - ST - ZIP **BARTOW FL**
TITLE DELETE
NAME **D GARNER, SHARON**
STREET ADDRESS **12 CACTUS CR., S.W.**
CITY - ST - ZIP **WINTER HAVEN FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP **P.O. Box**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME **D MARK POLSTON**
3.3 STREET ADDRESS **6038 OLD EAGLE LAKE ROAD**
3.4 CITY - ST - ZIP **WINTER HAVEN FL**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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.

SIGNATURE: J.D. Catrett J.D. CATRETT, PD March 6, 1996 1-941-293-33513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)