

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 670 EAGLE DRIVE EAGLE LAKE FL 33839-1529 US		Mailing Address P.O. BOX 1529 P O BOX 1529 EAGLE LAKE FL 33839-1529 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
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 CALVIN Edenfield 82 Street Address (P.O. Box Number is Not Acceptable) 1180 S MILL AV 83 84 City BARTOW FL 85 Zip Code 33830			
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 617.6503, Florida Statutes. SIGNATURE <i>[Signature]</i> CALVIN Edenfield 19 Feb 98 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD DIRECTOR / TREASURER	DELETE	
NAME	CATRETT, J.D.		
STREET ADDRESS	920 9TH STREET		
CITY-ST-ZIP	EAGLE LAKE FL		
TITLE	SD PRESIDENT / SECRETARY	DELETE	
NAME	EDENFIELD, CALVIN		
STREET ADDRESS	1180 MILL AVE., SOUTH		
CITY-ST-ZIP	BARTOW FL		
TITLE	DIRECTOR	DELETE	
NAME	POLSTON, MARK		
STREET ADDRESS	8038 OLD EAGLE LAKE ROAD		
CITY-ST-ZIP	WINTER HAVEN FL		
TITLE	D DIRECTOR	DELETE	
NAME	MEMEC, GEORGE		
STREET ADDRESS	4460 TRANSPORT ROAD		
CITY-ST-ZIP	BARTOW FL		
TITLE	D	DELETE	
NAME	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	ROBERT HANCOCK	Change Addition	
1.2 NAME	1310 LAKE ELBERT DR SE		
1.3 STREET ADDRESS	WINTER HAVEN, FL 33880		
1.4 CITY-ST-ZIP			
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			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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 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 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* CALVIN Edenfield 19 Feb 98 941-534 6254

CR2567 (10/97)