## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CÒRPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

101

1. Corporation Name					
EAGLE LAKE CHRISTIAN EDUCATION FOUNDATION, INC.				·	
			•	A KORMINE DER HINEH KONDI RIINT HIRER A	)))
Principal Place	a of Rusiness	Mailing Address			
riiikipai riaci	e of Dusiliess	Maning Addiess		1.72	
670 EAGLE DRIVE P.O. BOX 1529 EAGLE LAKE FL 33839-1529 P.O. BOX 1529			3. Date Incorporated or Qualified		
EAGLE LAKE FL 33839-1529 P O BOX 1529   US		9	06/11/1990 4. FEI Number		
		US			Applied For
5.51 1.15		The Martin Address		59-3038176	Not Applicable
2. Principal P	incipal Place of Business 2a. Mailing Address 26			5. Certificate of Status Desired	S8.75 Additional Fee Required
	Suite, Apt. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
27		27		Trust Fund Contribution	Added to Fees
City & State City & State		City & State		7. Is this nonprofit corporation a ho	
23		28	0		Yes No
⊢ Zip	Country	Zip	Country	8. This corporation owes or has pai	
24	9. Name and Address of Curro		30	Personal Property Tax due June 10. Name and Address of New Reg	
	9. Name and Address of Curr	ant Megistered Agent	81 Name	17 11	1
			1	ALVIN Edenfi	
CATRETT, J.D. 82 Street A				ddress (P.O. Box Number is Not Acceptab	le)
920 NINTH STREET				80 S MILL AV	
EAGLE LAKE FL			83	<u>(</u>	
			84 City	. 5	B5 Zip Code
				ARTUW	- FL     3 2830
11. Puruant 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 respected 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. The State of Florida Statutes.					
agent. Tem Whiter with, and accept the obligations of Section 617.6503, Florida Statutes.					
SIGNATURE IMM HELDER MUNICIPALITY TYPESTY					
	Signature, typed or printed name of registered a		Registered Agent signature r		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	PD D' RECTOR	TRASURCE DELETE	1.1 TITLE	RODERT HANCOCK	<b>(</b> ) _
NAME	CATRETT, J.D.		1.2 NAME	1310 LAKE ELDERT	ORSE D'REGO
STREET ADDRESS	920 9TH STREET		1,3 STREET ADDRESS	WINTER HAJER, FL	
CITY-ST-ZIP	EAGLE LAKE FL	- De la ociete	1.4 CITY - ST - ZIP	MINIEK HASEL TE	☐ Change ☐ Addition
TITLE	1008050899	ZECKETARY DELETE	2.1 TITLE		Citable D voorton
NAME	EDENFIELD, CALVIN		2.2 NAME		
STREET ADDRESS	1180 MILL AVE., SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	L locuere	2. 4 CITY-ST-ZIP		Change Addition
TITLE	DIRECTOR	☐ DELETE	3.1 TITLE		C Change C Addition
NAME	POLSTON, MARK		3.2 NAME		
STREET ADORESS	6038 OLD EAGLE LAKE RO	IAU	3.3 STREET ADDRESS		
CITY-\$T-ZIP	WINTER HAVEN FL	OF STE	3.4. CITY-ST-ZIP		Change Addition
TITLE	D DIRECTUR	☐ DELETE	4.1 TOTLE		L. Change L. Addition
NAME	MEMEC, GEORGE		4. 2 NAME		
STREET ADDRESS	4460 TRANSPORT ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	- Variett	4.4 CITY-ST-ZIP		Change Addition
TITLE	D	DELETE	5.1 TITLE		Cualifie Ci Vaquitori
NAME	GARNER, SHARON	•	5.2 NAME		
STREET ADDRESS	12 CACTUS CR., S.W.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	<b></b>	5.4 CITY-ST-ZIP	- · · · · · · · · · · · · · · · · · · ·	Charte 144hi-
TITLE	*	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	,	
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY-ST-ZIP	60		6.4 CITY-ST-ZIP		E al
14. I hereby of indicated	cellify that the information supplied on his volume report or supplement	with this filing does not qualify for ntal annual report as true and accu	r the exemption stated urate and that my sign	d in Section 119.07(3)(i), Florida Statutes. I t lature shall have the same legal effect as if	iurther certify that the information made under oath; that I am an
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 his should 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 of the legaliver of trustee in powered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13. Changed, or oil an altachment with an eadress.					
Block 12 or Block 12 Mchanged, or on an analytic analytics.					