

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90081 050 ****61.25

DOCUMENT # N38523

1. Corporation Name

EAGLE LAKE CHRISTIAN EDUCATION FOUNDATION, INC.

Principal Place of Business

670 EAGLE DRIVE
EAGLE LAKE FL 33839-1526
US

Mailing Address

P.O. BOX 1526
P O BOX 1526
EAGLE LAKE FL 33839-1526
US



2. Principal Place of Business

21 **670 EAGLE DRIVE**
Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 1526**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/11/1990

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

City & State

23 **EAGLE LAKE, FL**

City & State

28 **EAGLE LAKE, FL**

Zip

24 **33839-1526** 25 **US**

Zip

29 **33839-1526** 30 **US**

9. Name and Address of Current Registered Agent

EDENFIELD, CALVIN
1180 S. MILL AVENUE
BARTOW FL 33880

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

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 ☐ DELETE

NAME **DT**
CATRETT, J.D.
STREET ADDRESS **920 9TH STREET**
CITY-ST-ZIP **EAGLE LAKE FL**

TITLE ☐ DELETE

NAME **PS**
EDENFIELD, CALVIN
STREET ADDRESS **1180 MILL AVE., SOUTH**
CITY-ST-ZIP **BARTOW FL**

TITLE ☐ DELETE

NAME **D.**
POLSTON, MARK
STREET ADDRESS **6038 OLD EAGLE LAKE ROAD**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE

NAME **D**
MEMEC, GEORGE
STREET ADDRESS **4460 TRANSPORT ROAD**
CITY-ST-ZIP **BARTOW FL**

TITLE ☐ DELETE

NAME **D**
HANCOCK, ROBERT
STREET ADDRESS **1310 LAKE ELBERT DR, S.E.**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)