

2000 UNIFORM BUSINESS REPORT (UBR)

9

DOCUMENT # N38523

1. Entity Name

EAGLE LAKE CHRISTIAN EDUCATION FOUNDATION, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-05-2000 90029 009 ****61.25

Principal Place of Business 670 EAGLE DRIVE EAGLE LAKE FL 33839-1526 US	Mailing Address P.O. BOX 1526 EAGLE LAKE FL 33839-1526 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 670 Eagle Drive Suite, Apt. #, etc.
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City & State Eagle Lake FL	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip 33839-3135	Country Polk	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 EDENFIELD, CALVIN
 1180 S. MILL AVENUE
 BARTOW FL 33880

7. Name and Address of New Registered Agent
 Name: Perry Bryant
 Street Address (P.O. Box Number is Not Acceptable): 676 Eagle Drive
 City: Eagle Lake FL Zip Code: 33839

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE: Perry Bryant, President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CATRETT, J.D. 920 9TH STREET EAGLE LAKE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS EDENFIELD, CALVIN 1180 MILL AVE., SOUTH BARTOW FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLSTON, MARK 6038 OLD EAGLE LAKE ROAD WINTER HAVEN FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEMEC, GEORGE 4460 TRANSPORT ROAD BARTOW FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANCOCK, ROBERT 1310 LAKE ELBERT DR, S.E. WINTER HAVEN FL 33880 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Perry Bryant 676 Eagle Drive Eagle Lake FL 33839 3135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dana Adams 134 Brad Circle Winter Haven FL 33880 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Phyllis C. Peek 535 Assembly St Eagle Lake FL 33839 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Hancock VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1310 Lk Elbert Dr SE Winter Haven FL 33880-3146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN R. PECK Phyllis C. Peek 8/29/00 863-293-1805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)