

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90033 046 ****61.25

DOCUMENT # N38523

1. Entity Name

EAGLE LAKE CHRISTIAN EDUCATION FOUNDATION, INC.

Principal Place of Business

**670 EAGLE DRIVE
 EAGLE LAKE FL 33839-3135
 US**

Mailing Address

**670 EAGLE DRIVE
 EAGLE LAKE FL 33839-3135
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRYANT, PERRY
 676 EAGLE DRIVE
 EAGLE LAKE FL 33839**

Name **Martin Raymond**

Street Address (P.O.-Box Number is Not Acceptable)

670 N. Eagle Dr.

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

Raymond L. Martin

Raymond Martin, President

4/18/02

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, PERRY	
STREET ADDRESS	676 EAGLE DRIVE	
CITY-ST-ZIP	EAGLE LAKE FL 33839-3135	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, DANA	
STREET ADDRESS	134 BRAD CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEEK, PHYLLIS C.	
STREET ADDRESS	535 ASSEMBLY ST	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HANCOCK, ROBERT	
STREET ADDRESS	1310 LAKE ELBERT DR, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin, Raymond	
STREET ADDRESS	676 Eagle Dr.	
CITY-ST-ZIP	Eagle Lake FL 33839	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patterson, Richard	
STREET ADDRESS	105 Polk Dr	
CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peek, Phyllis C.	
STREET ADDRESS	535 Assembly St	
CITY-ST-ZIP	Eagle Lake FL 33839	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hancock, Robert	
STREET ADDRESS	1310 Lake Elbert Dr SE	
CITY-ST-ZIP	Winter Haven FL 33880	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Floyd, David	
STREET ADDRESS	565 Assembly St	
CITY-ST-ZIP	Eagle Lake FL 33839	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Phyllis C. Peek

4/18/02

863-293-1805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)