

# 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*  
 Signature, typed or printed name of registered agent and title if applicable.

**Raymond Martin President**

(NOTE: Registered Agent signature required when reinstating)

**4/18/02**

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** ☒ Delete  
 NAME **BRYANT, PERRY**  
 STREET ADDRESS **676 EAGLE DRIVE**  
 CITY-ST-ZIP **EAGLE LAKE FL 33839-3135**

TITLE **P** ☐ Change ☒ Addition  
 NAME **Martin, Raymond**  
 STREET ADDRESS **676 Eagle Dr.**  
 CITY-ST-ZIP **Eagle Lake FL 33839**

TITLE **SD** ☒ Delete  
 NAME **ADAMS, DANA**  
 STREET ADDRESS **134 BRAD CIRCLE**  
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Patterson Richard**  
 STREET ADDRESS **105 Polk Dr**  
 CITY-ST-ZIP **Winter Haven FL 33884**

TITLE **TD** ☐ Delete  
 NAME **PEEK, PHYLLIS C**  
 STREET ADDRESS **535 ASSEMBLY ST**  
 CITY-ST-ZIP **EAGLE LAKE FL 33839**

TITLE **ST** ☒ Change ☐ Addition  
 NAME **Peek-Phyllis C**  
 STREET ADDRESS **535 Assembly St**  
 CITY-ST-ZIP **Eagle Lake FL 33839**

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

TITLE **D** ☒ Change ☐ Addition  
 NAME **Hancock Robert**  
 STREET ADDRESS **1310 Lk Elbert Dr SE**  
 CITY-ST-ZIP **Winter Haven FL 33880**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **Floyd David**  
 STREET ADDRESS **565 Assembly St**  
 CITY-ST-ZIP **Eagle Lake FL 33839**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Phyllis C. Peek 4/18/02**

Date

Daytime Phone #

**863-293-1805**

CR2E037 (9/01)