

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90492 021 ****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



☐ CHECK HERE IF MAKING CHANGES

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

**RAYMOND, MARTIN
670 EAGLE DRIVE
EAGLE LAKE FL 33839**

7. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE Raymond L. Martin Raymond L. Martin, Pres. 4/16/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, RAYMOND	
STREET ADDRESS	676 EAGLE DRIVE	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, RICHARD	
STREET ADDRESS	105 POLK DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PEEK, PHYLLIS C	
STREET ADDRESS	535 ASSEMBLY ST	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANCOCK, ROBERT	
STREET ADDRESS	1310 LAKE ELBERT DR, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLOYD, DAVID	
STREET ADDRESS	565 ASSEMBLY STREET	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J.O. Catrett	
STREET ADDRESS	920 Ninth St	
CITY-ST-ZIP	Eagle Lake FL 33839	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Woods	
STREET ADDRESS	127 Lk Hazel Dr	
CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Sheckels	
STREET ADDRESS	534 N. Eagle Dr	
CITY-ST-ZIP	Eagle Lake FL 33839	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Andrews	
STREET ADDRESS	212 Shelley Drive	
CITY-ST-ZIP	Winter Haven FL 33884	
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: Raymond Martin Raymond Martin 4/16/03 863-293-1805
Signature, typed or printed name of signing officer or director

CR2E037 (10/02)