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Apr 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005062 (4)

1. Corporation Name

CHRISTIAN SOCIAL SERVICES OF LAKE & SUMTER COUNT
IES, INC.

Principal Place of Business

Mailing Address

1326 WEST NORTH BOULEVARD
LEESBURG FL 347481326 WEST NORTH BOULEVARD
LEESBURG FL 34748-39973. Date Incorporated or Qualified
10/11/19943a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURNER, KAREN
1326 WEST NORTH BOULEVARD
LEESBURG FL 34748

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME PERUGINA, BILL
STREET ADDRESS 3684 CACTUS LANE
CITY-ST-ZIP MT DORA FL1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME Tom McNaughton
1.3 STREET ADDRESS 1431 S. Schwartz
1.4 CITY-ST-ZIP Lady Lake, FL 32159TITLE VP ☒ DELETE
NAME HALL, ANN
STREET ADDRESS 1330 CITIZENS BLVD, STE 401
CITY-ST-ZIP LEESBURG FL2.1 TITLE Sec. ☐ Change ☒ Addition
2.2 NAME Gloria Haas
2.3 STREET ADDRESS 35036 Shady Oaks Lane
2.4 CITY-ST-ZIP Fruitland Park, FL 34731TITLE T ☒ DELETE
NAME FAIRCHILD, JOHN F
STREET ADDRESS 12541 BLUE HERON WAY
CITY-ST-ZIP EUSTIS FL3.1 TITLE Treas. ☐ Change ☒ Addition
3.2 NAME Steve Knowles
3.3 STREET ADDRESS Citizens Natl. Bank NA
3.4 CITY-ST-ZIP P. O. Box 490047
Leesburg, FL 34748TITLE D ☐ DELETE
NAME GIEL, JOHN C. REV
STREET ADDRESS 1330 SUNSHINE AVE
CITY-ST-ZIP LEESBURG FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D Ruby Fielding
4.3 STREET ADDRESS 2345 Conestoga Dr.
4.4 CITY-ST-ZIP Leesburg, FL 34748TITLE D ☒ DELETE
NAME WHITELOCK, COTTON
STREET ADDRESS 1431 W SCHWARTZ BLVD
CITY-ST-ZIP LADY LAKE FL5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Al Thorpe
5.3 STREET ADDRESS 28944-7 Hubbard St.
5.4 CITY-ST-ZIP Leesburg, FL 34748TITLE D ☐ DELETE
NAME JACKSON, TERRY REV
STREET ADDRESS 204 N LEE ST
CITY-ST-ZIP LEESBURG FL6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Joyce Potter
6.3 STREET ADDRESS P. O. Box 975 NA
6.4 CITY-ST-ZIP Eustis, FL 32727

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070168

CR2E037 (9/96)