

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90004 030 ****61.25

DOCUMENT # N94000005062

1. Entity Name

CHRISTIAN SOCIAL SERVICES OF LAKE & SUMTER COUNT

Principal Place of Business

**1501 AKRON DR
 LEESBURG FL 34748**

Mailing Address

**1501 AKRON DR
 LEESBURG FL 34748**

2. Principal Place of Business

1326 W. North Blvd.

3. Mailing Address

P.O. 313

Suite, Apt. #, etc.

Suite 5

Suite, Apt. #, etc.

City & State

Leesburg, FL 34748

City & State

Fruitland Park

Zip

34748

Country

USA

Zip

34731

Country

USA

4. FEI Number

59-3272397

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TURNER, KAREN
 1501 AKRON DR
 LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name

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

P.O. Box 313

City

Fruitland Park

FL

Zip Code

34731

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-4-01

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PERUGINA, BILL	
STREET ADDRESS	3684 CACTUS LANE	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCNAUGHTON, TOM	
STREET ADDRESS	1431 S SCHWARTZ	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, KAREN	
STREET ADDRESS	1501 AKRON DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIEL, JOHN C. REV	
STREET ADDRESS	1330 SUNSHINE AVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, STEVE	
STREET ADDRESS	PO BOX 492241	
CITY-ST-ZIP	LEESBURG FL 34749	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, TERRY REV	
STREET ADDRESS	204 N LEE ST	
CITY-ST-ZIP	LEESBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, GEORGE	
STREET ADDRESS	P.O. BOX 238	
CITY-ST-ZIP	OKAHUMPKA, FL 34762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1326 W. North Blvd.	
STREET ADDRESS	Leesburg, FL 34748	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAC MILLAN, VELMA J.	
STREET ADDRESS	4335 Leafway Circle	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUDEK, MILLIE	
STREET ADDRESS	1303 Alfonso	
CITY-ST-ZIP	Lady Lake, FL 32159	

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:

Karen Turner

9-4-01 (352) 787-1040

CR2E037 (5/01)